05/023/02/basic/TN 7

POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 05

Supplemental Security Income

CHAPTER 023

Posteligibility Events

SUBCHAPTER 02

Continuing Benefits and Recipient Status Under Sections 1619(a) and 1619(b) for Individuals Who Work

This issuance completely replaces the existing Basic (SSA Pub. No. 68-0502302, dated December 1981) and all transmittals up through TN 7 dated March 1988.

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0502302

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June 1989

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Check List of POMS Transmittals Received

68-05023 02

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.	~~X~~	~~X~~	37.			73.			109.		
2.	~~X~~	~~X~~	38.			74.			110.		
3.	3/5/85	HG	39.			75.			111.		
4.	12/15/86	HG	40.			76.			112.		
5.	5/4/87	9dw	41.			77.			113.		
6.	7/9/87	JR	42.			78.			114.		
7.	3/28/88	JG	43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181.			217.			253.		
146.			182.			218.			254.		
147.			183.			219.			255.		
148.			184.			220.			256.		
149.			185.			221.			257.		
150.			186.			222.			258.		
151.			187.			223.			259.		
152.			188.			224.			260.		
153.			189.			225.			261.		
154.			190.			226.			262.		
155.			191.			227.			263.		
156.			192.			228.			264.		
157.			193.			229.			265.		
158.			194.			230.			266.		
159.			195.			231.			267.		
160.			196.			232.			268.		
161.			197.			233.			269.		
162.			198.			234.			270.		
163.			199.			235.			271.		
164.			200.			236.			272.		
165.			201.			237.			273.		
166.			202.			238.			274.		
167.			203.			239.			275.		
168.			204.			240.			276.		
169.			205.			241.			277.		
170.			206.			242.			278.		
171.			207.			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
180.			216.			252.			288.		

hapter SI 023—Post Eligibility Events

ubchapter 02—Continuing Benefits and Recipient Status Under Sections 1619(a) and 1619(b) for Individuals Who Work

Claims Manual (CM) Reference	*POMS Reference*
A13310	SI 02302.001
A13311	SI 02302.005
A13315	SI 02302.010
A13316	SI 02302.015
A13317	SI 02302.020
A13320	SI 02302.025
A13321	SI 02302.030
A13322	SI 02302.035
A13325	SI 02302.040
A13326	SI 02302.045

2302.000 Continuing Benefits and Recipient Status Under Sections 1619(a) and 1619(b) for Individuals Who Work

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ic Law 96-265—Sections 201(a), 201(e)
ic Law 96-460—Section 14(b)
ic Law 99-643—Sections 1-5, 7, 10
ulation No. 16—Sections 416.260-416.269, 416.1332, 1402, 416.2001, and 416.2112

ontinuing Benefits and ecipient Status Under ections 1619(a) and 1619(b) r Individuals Who Work

TE: *The audience for this entire subchapter is the e: DO/BO/TSC—CR, CR TXVI, DC, DRT, FR, OS, RR, SR, TSC-SR; PSC—CRTA, IES, RECO-; INTPSC—CATA, CTS, FCR, FDE, RECONE; S—INF*

erview

302.001 Organization of Subchapter

I 02302.001-SI 02302.006 provide the authority, ctive periods, background, overall description of new, permanent provision in statute, as well as sition explanations to help guide field office per-nel through the changes in policy and procedures.

I 02302.010-SI 02302.060 provide the detailed poli- and procedures needed to administer the eligibility payment determinations pertinent to supplemental rity income (SSI) eligibility under section 1619 nning July 1, 1987. Because the rules regarding ension from or reinstatement to eligibility have nged with regard to section 1619 eligibility, the inent rules have been included in this subchapter. t 4 of the Program Operations Manual System will vide the policy and procedures pertinent to the ing of disability, continuing disability reviews, current titles XVI and II considerations, and juris-ion and routing of disability folders.)

I 02302.100-SI 02302.155 provide the policy and cedures used for section 1619 determinations made he time period January 1, 1981-June 30, 1987.

I 02302.200 contains the yearly threshold charts in section 1619(b) to evaluate whether an individ-has sufficient earnings to replace benefits provided ugh SSI eligibility.

I 02302.300-SI 02302.310 contain exhibits of the shold computation worksheet and samples of the ual section 1619 notices that field office personnel t release to individuals.

E: *THROUGHOUT THIS SUBCHAPTER, REF-ENCE IS MADE TO "REGULAR" SSI RULES. "REGULAR" SSI RULES ARE DERIVED OM SECTION 1611 AND SECTION 1614 OF SOCIAL SECURITY ACT (SSACT) WHICH DEFINE ELIGIBILITY FOR THE SSI PROGRAM INCLUDING THE DEFINITION OF DISABILITY. SECTION 1619 CREATES EXCEPTIONS TO THE "REGULAR" RULES FOR DETERMINING THE CONTINUING ELIGIBILITY OF WORKING DISABLED OR BLIND INDIVIDUALS WHO HAVE ALREADY ESTABLISHED INITIAL ELIGIBILITY UNDER THE "REGULAR" RULES.*

02302.002 Legislative Background Leading to Permanent Provision

A. Authorized Provisions

Section 1619(a) authorizes payment of continuing benefits to *disabled* SSI recipients whose earnings reach the amount designated by the Secretary to represent substantial gainful activity (SGA).

Section 1619(b) authorizes SSI recipient status for Medicaid purposes for *blind* or *disabled* SSI recipients who cannot receive cash payments because of earnings.

B. Effective Periods

Section 1619, as originally enacted in the Social Security Disability Amendments of 1980 (Public Law (P.L.) 96-265) (with subsequent minor changes), was effective January 1, 1981 through June 30, 1987.

The Employment Opportunities for Disabled Americans Act (P.L. 99-643) made significant changes to the provisions of section 1619 and related sections of the SSACT effective July 1, 1987.

C. Background

Prior to January 1981, a disabled SSI individual who worked faced a substantial risk of losing SSI benefits and, frequently, Medicaid. Work was treated under the SSI program the same way it is now treated under the Social Security Disability program: after a trial work period, work at the SGA level led to a loss of disability status and eventually benefits even if the individual's total income and resources were well within the SSI income and resource criteria. Thus, disabled individuals who could work or, at least, could have tried to work might have been discouraged by the fear of losing their benefits before they had established for themselves the capability for continued self-support.

The 1980 amendments created a number of new work incentives designed to address this problem. The most significant new provision from an SSI perspective was the addition of section 1619 to the SSACT.

Section 1619(a) from January 1, 1981-June 30, 1987 provided special SSI cash benefits to disabled individuals who lost eligibility for SSI payments under the regular rules because they engaged in SGA. Section 1619(b) provided special SSI recipient status for Medicaid purposes to working disabled or blind individuals when their earnings made them ineligible for further cash payments.

The 1619 provisions as originally enacted were very complex because they could only be applied after all the existing permanent disability rules had been ap-

plied one by one and it had been determined that eligibility could not be established under the regular rules. Although the provisions provided real protection to the working disabled and blind, many felt that their complexity and experimental nature deterred people from participating, thereby limiting the provisions' effectiveness.

D. Overview of New Law

Under the new law effective July 1, 1987, an individual's blindness or disability continues for SSI purposes until the individual medically improves or the individual's eligibility is terminated for a nondisability reason. SGA determinations are still required to establish disability (DI 11055.005 and DI 10501.001 ff.). However, SGA determinations are *not* required to maintain continuing disability. The trial work period, extended period of eligibility, and unsuccessful work attempts will no longer be material to SSI disability status, eligibility, or payment.

Work will *not* result in sudden or unexpected loss of eligibility (i.e., because of an SGA cessation). As before, an individual's earnings will reduce SSI cash payments in proportion to the individual's actual increases in earnings. When earnings and other income are high enough to stop SSI *cash* payments, recipient status for Medicaid purposes continues until earnings reach a substantially higher plateau which takes into account the person's ability to afford normal living expenses, medical care, and the special needs associated with working for blind and disabled people (e.g., blind work expenses, plans for achieving self-support, impairment-related work expenses, and personal or attendant care).

The SSI program recognizes that the path to work for recipients can be uneven. People who work their way off benefit eligibility or lose eligibility for any other nondisability reason can be reinstated *without* a new application or new disability determination. There is no limit to the number of times this can occur. This protection is *not indefinite*, but SSA *will not terminate* the eligibility of anyone whose impairment continues until they have been ineligible for any SSI benefit for 12 consecutive months. Then and only then would a new application and new disability determination be required. Of course, any blind or disabled person who medically improves would require a new application and new disability determination to establish a new period of eligibility. In any event, people can reapply without a waiting period when they believe they may have become eligible again.

The law also provides up to 2 months' full SSI benefits to certain individuals eligible under section 1619 who go into public medical or psychiatric institutions or Medicaid facilities. These benefits are intended to ease their transition back to independence and work after short institutional stays (SI 00520.104).

Recipients will be fully informed about the SSI work provisions. Informational notices will be sent to new recipients and, periodically, to recipients on the rolls under a variety of circumstances.

Since, in some cases, we are dealing with individuals who have relatively high incomes, SSA reviews their disabilities to ensure that benefits are not being provided to people who have medically improved. Reviews are scheduled based on medical diaries and on work activity. The work activity "triggers" for these reviews are specified in law. The continuing disability determinations are based on medical improvement criteria.

02302.003 Comparison of Major Policy Principles Under the Old and New Section 1619

The key to understanding the new law is to recognize that it is a simplification. Fewer factors come into play when determining an individual's continuing disability status. The factors that change over time are easier to identify and develop, and the development and documentation requirements for those factors have been streamlined in permanent instructions.

MAJOR POLICY PRINCIPLES

Prior to July 1, 1987	*Effective July 1, 1987*
A. Special Cash SSI Payments Under Section 1619(a)	
1. Provides "special" SSI cash benefits to *disabled recipients when they lose eligibility for a "regular" SSI payment solely because they are determined to have engaged in substantial gainful activity (SGA).*	1. *Provides "special" SSI cash benefits to disabled* recipients in place of their "regular" SSI benefits when their gross *earned income is at the amount designated as the SGA level* (currently when earnings exceed $300 per month). For individuals in pay status, the only distinction between regular benefit status and 1619(a) eligibility will be whether or not the earned income posted to the record (before exclusions) is at SGA level.
2. SGA determination is required to *establish* disability.	2. Same.
3. SGA determinations are required to maintain *continuing* disability status under a variety of circumstances.	3. SGA determinations are *not* required for purposes of maintaining *continuing* disability status.

MAJOR POLICY PRINCIPLES (Cont.)

Prior to July 1, 1987	*Effective July 1, 1987*
4. Trial work period applies.	4. Trial work period is *eliminated.*
5. Extended period of eligibility applies./5./Extended period of eligibility is *eliminated.*	
6. Disability status is ceased when individual performs SGA or is determined capable of SGA after the trial work period, *even if benefits are continued.*	6. Disability status is retained until the individual medically improves or eligibility is terminated for a nondisability reason.
7. When an individual's disability is ceased *due to SGA*, "regular" eligibility during the "grace period" supersedes 1619(a) eligibility.	7. SGA cessations are *eliminated.*
8. When earnings drop below SGA level (and all other eligibility criteria are met), 1619(a) eligibles are reinstated to "regular" benefits *only during a 15 month reentitlement period within the extended period of eligibility.*	8. When earned income drops below SGA level (and all other eligibility criteria are met), 1619(a) eligibles are reinstated to "regular" benefits *at any time.*
9. 1619(a) cannot apply to an individual until the trial work period and grace period have been exhausted, i.e., no earlier than the 13th month on the rolls.	9. An individual can qualify for 1619(a) as early as his/her second month on the SSI rolls. (An early return to work may result in a reopening/reversal of the disability determination. See DI 13010.110.)
10. The individual must continue to have a disabling impairment.	10. Same.
11. The individual must have been eligible to receive a cash SSI payment (regular or special) *in the prior month.*	11. The prior month requirement is *eliminated.* The individual must have been eligible to receive a regular SSI cash payment (i.e., $1 or more of Federal SSI or federally administered State supplement) based on disability for *a* previous month within the current period of eligibility (i.e., *not necessarily the immediate prior month).*
12. Payment amounts under 1619(a) are calculated in the same way as regular SSI payments.	12. Same.
13. Federally administered State supplementary payments are made *only* if the State has elected to supplement 1619(a) eligibles.	13. Same.
14. Recipients of 1619(a) payments are SSI recipients for all purposes including Medicaid eligibility.	14. Same.

3. SSI Recipient Status Under Section 1619(b)

Provides SSI recipient status to working *disabled* or *blind* individuals *under age 65* when their earnings (along with other income) make them ineligible for SSI *cash* payments (regular or special). (This preserves Medicaid eligibility for those blind or disabled individuals whose States provide Medicaid coverage predicated on SSI eligibility.) 1619(b) status is not available to nonworking spouses.	1. Same.

MAJOR POLICY PRINCIPLES (Cont.) (Cont.)

	Prior to July 1, 1987		*Effective July 1, 1987*
2.	Recipient status under 1619(b) protects "regular" reinstatement rights to cash benefits during the extended period of eligibility, even in States that do not provide Medicaid to SSI eligibles. Also, Medicaid coverage may become available to a 1619(b) eligible who moves to another State. Therefore, 1619(b) development is required in all States.	2.	Recipient status under 1619(b) protects reinstatement rights under *all* SSI provisions, at *all* times, in *all* States, indefinitely (i.e., until the individual's eligibility is terminated). 1619(b) status also provides Medicaid to certain individuals in 209(b) States (see C. below). Therefore, 1619(b) development is required in *all* States.
3.	The individual must continue to be blind or have the disabling impairment.	3.	Same.
4.	The individual must have been eligible to receive a cash SSI payment (regular or special) or eligible for 1619(b) *in the prior month*.	4.	The prior month requirement is *eliminated*. The individual must have been eligible to receive a "regular" SSI cash payment (i.e., $1 or more of Federal SSI or federally-administered State supplement) based on disability or blindness for *a* month within the current period of eligibility (i.e., *not necessarily the immediate prior month).*
5.	The individual must be eligible for SSI benefits under all SSI nondisability requirements except earnings (i.e., the individual would have been eligible (under 1611 or 1619(a)) if he/she had no countable earned income). Note that *as little as $1 in countable earned income may be the cause of ineligibility if unearned income is at breakeven point.* Determination for the current month is made based on a *test* eligibility computation in which the individual's own earned income is assumed to be zero. All appropriate exclusions are applied.	5.	Same
6.	The individual must depend on Medicaid coverage to continue working.	6.	Same.
7.	The individual must have insufficient earnings to replace SSI and Medicaid benefits. To measure whether an individual has sufficient earnings to provide the equivalent of SSI benefits and Medicaid for himself/herself, SSA has constructed the "threshold" concept. The threshold is calculated for each State by starting with the annualized gross earnings amount which would reduce SSI case benefits to zero for an individual with no other income (taking into account the State's supplementary payment level, if any), and adding the State's average annual per capita Medicaid expenditures. These thresholds are published in chart form in SI 02302.200. If the individual's gross earnings (for 12-month periods beginning with the month 1619(b) status begins) are equal to or less than the threshold amount shown on the chart, he or she meets this requirement.	7.	The individual must have insufficient earnings to replace SSI and Medicaid benefits *and publicly funded personal or attendant care* that would be lost if the individual were not SSI eligible. To measure whether an individual has sufficient earnings to provide the equivalent of SSI benefits, Medicaid and publicly funded attendant care for himself/herself, SSA has constructed the "threshold" concept. The threshold is calculated for each State by starting with the annualized gross earnings amount which would reduce SSI cash benefits to zero for an individual with no other income (taking into account the State's supplementary payment level, if any), and adding the State's average annual per capita Medicaid expenditures. These thresholds are published in chart form in SI 02302.200. If the individual's gross earnings (for 12-month periods beginning with the month 1619(b) status begins) are equal to or less than the threshold amount shown on the chart, he or she meets this requirement.

MAJOR POLICY PRINCIPLES (Cont.) (Cont.)

Prior to July 1, 1987	*Effective July 1, 1987*
If the individual is not eligible under the threshold chart, the FO will consider whether the individual has medical expenditures that are higher than the average Medicaid expenditures for his or her State of residence.	If the individual is not eligible under this chart, the FO will consider whether the individual: a. Has medical expenditures that are higher than the average Medicaid expenditures for his or her State of residence; b. *Has qualified impairment-related work expenses (IRWE);* c. *Has blind work expenses (BWE);* d. *Has expenditures under an approved plan for achieving self-support (PASS)* ; or e. Is receiving publicly funded personal care or attendant care.
If this condition exists, an individualized threshold will be calculated using the individual's actual expenditures. The individualized threshold will be applied to gross earnings to determine whether this requirement is met.	If any of these conditions exist, an individualized threshold calculation will be performed using the individual's actual medical expenditures and/or IRWE, BWE, PASS expenditures, and the value of the personal care or attendant care. This individualized threshold calculation will be used to determine whether this requirement is met. Threshold data will be updated annually.
8. 1619(b) eligibles are reinstated to regular benefit status during the trial work period or extended period of eligibility if all eligibility criteria for either of these provisions can be met. No other reinstatement provisions exist.	8. 1619(b) eligibles are reinstated to 1619(a) status or regular benefit status as appropriate *at any time* if countable income drops below the applicable breakeven point (and all other eligibility criteria are met).

C. Medicaid Eligibility for 1619 Recipients in 209(b) States

209(b) States are not required to provide Medicaid eligibility based on regular or 1619 eligibility status.	1619 eligibles will receive Medicaid coverage if they were Medicaid eligibile under the State plan the month before 1619 eligibility. (In cases with multiple periods of 1619 eligibility, a State may choose to look at the month before the very first period of 1619 eligibility or the month before the most recent period of 1619 eligibility.)

D. Suspensions and Terminations

1. 1619 eligibles are placed in suspense when the "prior month" requirement is not met. This loss of program connection can lead to immediate termination when reinstatement to regular benefits during the trial work period or extended period of eligibility is not available.	1. Suspension rules for 1619(a) or (b) eligibles are the same as for individuals who are eligible for regular SSI benefits in the month prior to the suspension event(s): if any nondisability requirement is not met in a month, the individual is placed in suspense until the next month in which all requirements can be met for 1619(a), 1619(b), or regular benefit eligibility. After 12 consecutive months in suspense, the eligibility of any individual who cannot qualify for reinstatement to regular benefits, 1619(a), or 1619(b)) is terminated. A new application and a new determination of eligibility as an initial claim is required for the individual to be placed on the rolls again.

MAJOR POLICY PRINCIPLES (Cont.) (Cont.)

Prior to July 1, 1987	*Effective July 1, 1987*
2. If, at any time, an SSI eligible is found to no longer have a disabling impairment, his/her disability is ceased effective with the month of that determination. Regular or special SSI cash benefits or SSI recipient status under 1619(b) may continue for that month and the following 2 months (i.e., the grace or adjustment period) if all nondisability criteria are met.	2. Same.

E. Special Benefits for 1619 Eligibles Who Go Into a Public Medical Facility or Medicaid Facility

1. Any SSI eligible who is in a public institution for a full month loses SSI eligibility for that month.	1. If a 1619 eligible enters a public medical or psychiatric facility for 1 or 2 full months, instead of losing eligibility for those months, he/she may be eligible for a benefit based on the full Federal benefit rate (FBR) plus State supplement, if any. See SI 00520.104 for instructions.
2. Any SSI eligible who is in a Medicaid facility (i.e., Medicaid pays more than 50 percent of the cost of care) for a full month is subject to a $25 payment limit for that month.	2. If a 1619 eligible enters a Medicaid facility (i.e., Medicaid pays more than 50 percent of the cost of care) for 1 or 2 full months, instead of being subject to the $25 payment limit for those months, the full FBR plus State supplement, if any, may be applied to compute his/her benefit. See SI 00520.104 for instructions.

F. Continuing Disability Reviews (CDRS)

No specific requirement as a direct result of 1619 eligibility.

A CDR is required within 12 months of the time a recipient first becomes eligible under section 1619 (a).

A CDR is required promptly after an individual moves from section 1619 (b) benefits to 1619 (a) or 1611 benefits *if* the individual has earned income for any month in the prior 12-month period that would cause ineligibility under 1611 for the month (i.e., earned income that exceeds the earned income breakeven point, see SI 00810.190).

A CDR is required promptly after a former section 1619 (b) eligible moves from a period of ineligibility under section 1619 or 1611 back into section 1619 (b) benefits *if* the individual has earned income for any month in the prior 12-month period that would cause ineligibility under 1611 for the month (i.e., earned income that exceeds the earned income breakeven point, see SI 00810.190).

(Part 4 of the POMS provides detailed instructions regarding these CDRs.)

02302.004 Transition Guidelines

The criteria which determine an individual's eligibility status under regular, 1619(a), or 1619(b) benefits change effective July 1, 1987. This means that individuals who are currently eligible for SSI (under any of these statuses) or in suspense (but not terminated) as of June 1987 will have to have their status evaluated under the new rules and modified as appropriate. For most cases, the evaluation and change will be processed automatically by the system. The rules to apply when making this determination are the same rules used to determine 1619 eligibility beginning July 1, 1987. See SI 02302.025.

02302.005 Transition Case Examples

Example A:

Loss of Program Connection During EPE; Disability Cessation Under Old Law No Longer Applies Under New Law; Reinstatement to 1619(a) from Suspense

Mr. B. Bunty has been a disabled SSI recipient since June 1976. In August 1986, he completed his trial work period (see DI 13010.035). In September, he was found to be performing SGA and his disability was ceased. His total countable income never exceeded the breakeven point and his SSI payments continued under the old section 1619(a) until February 1987. He went

into payment suspense for that month for excess resources (N).

By March 1, 1987, the excess resources were gone, but Mr. Bunty remained in suspense (P). He could not be reinstated to regular benefits under the extended period of eligibility (EPE) because he was still performing SGA. He could not be reinstated under 1619(a) because he was not eligible for a cash SSI benefit for the prior month.

In July 1987, Mr. Bunty is reinstated to SSI payment under the new section 1619(a), i.e., he has the prerequisite month and meets all eligibility criteria. The SGA cessation is immaterial for July and future months. Mr. Bunty is disabled for SSI purposes.

In December 1987, he loses his job, earned income drops below SGA level, and the authority for his SSI payments switches back to the regular rules.

Example B:

Mid Trial Work Period (TWP) Transition to 1619(a)

Miss T. Hills has been a disabled SSI recipient since April 1981. In February 1987, she starts to work at $350 per month. February is also her first TWP service month. June 1987 is the 5th service month of her TWP. In July 1987, her eligibility switches to the new section 1619(a). The remaining TWP months are immaterial for SSI purposes.

Example C:

Post EPE Loss of Program Connection

Mr. G. Ford is a disabled SSI recipient. His EPE ended in August of 1986 when his earnings reached SGA level after the 15-month reentitlement period had expired (see DI 13010.210). His SSI payments continued under section 1619(a). In May of 1987, his earnings dropped below SGA level. He no longer qualified for payment under 1619(a) and had no reinstatement rights under the "regular" rules. Mr. Ford was placed in suspense (P). His 1619(a) benefits were continued pending a determination for a new period of eligibility based on disability.

If that determination had been made prior to July 1, 1987, the case would have been processed under SI 02302.150 A.3.a.2)a). However, the determination on the new period of eligibility is pending as of July 1, 1987, when the new 1619 rules take effect. Therefore, the SGA cessation on the record becomes immaterial for July 1, 1987 and future months. Mr. Ford is eligible for SSI payment under the regular rules unless the disabling impairment is found to no longer exist.

Example D:

Grace Period Available to All Medically Ceased 1619 Eligibles After Transition

Mrs. A. Greene is a disabled SSI recipient. Her disability was ceased due to SGA in 1983, although benefits continued under 1619(a) for another 18 months. She has been eligible for 1619(b) since December 1985. Mrs. Greene is found to be medically improved due to successful surgery.

If the medical improvement occurred prior to July 1, 1987, the old rules prevail: Mrs. Greene has already had one grace period within her current period of eligibility so her eligibility would be terminated as of the month improvement is found to exist with no benefits due for that month.

If the medical improvement occurred on or after July 1, 1987, the new rules prevail: the SGA cessation on the record is immaterial. A grace period applies to the medical cessation; Mrs. Greene is eligible for benefits for the month of medical cessation and the two following months.

Example E:

Reinstatement After Program Suspense

Miss H. Apple is a working disabled SSI recipient. Her earnings are at SGA level; she has no other income. However, every 6 months Miss Apple receives a lump-sum payment from a trust fund. The lump sum is sufficient to make her ineligible for cash benefits in the month of receipt (i.e., over breakeven point), but leave her eligible for 1619(b). In the month following receipt of the lump-sum payment, she is always ineligible due to excess resources. By the following month, the excess resources are gone.

The first time this occurred (January 1985), Miss Apple was reinstated to regular benefits under the TWP. The second and third time it occurred (July 1985 and January 1986), Miss Apple reduced work below SGA level so that she could be reinstated under the EPE. In July 1986, she reduced work below SGA and reapplied since her EPE was over, the 1619 program connection was broken, and no reinstatement rights remained. She was found eligible for a new period of disability. In January 1987, the cycle repeated and she was reinstated under the TWP. Beginning July 1987, when the cycle repeats itself, she will still be ineligible due to excess resources in the month following receipt of the lump sum if the excess resources exist. In future months, her earned income and total countable income will determine her status for regular benefits, 1619(a), 1619(b), or ineligibility due to excess income, without regard to the prior months' status. Termination would be appropriate only if medical improvement occurred (grace period applies) or after 12 consecutive months in suspense for nondisability reasons.

02302.006 Field Office Responsibilities—General

A. Informing Individuals About Work Activity

Every SSA employee with public contact responsibilities must be prepared to offer accurate information to individuals so that they may be able to make sound decisions about their future work activity.

When conducting an interview (whether initial claim or posteligibility), it is not enough only to respond to the individual's direct questions. Be alert to opportunities to encourage and inform blind or disabled people who are working or open to considering working.

B. SSI and Work—Points to Discuss with SSI Claimants

Rules passed by the Congress that became effective in July 1987 make it easier for SSI recipients to work. These rules protect benefits while people develop and test their work capabilities.

Here is how the SSI program treats people who work:

1. Work does *not* change disability or blindness status for people once they are on the SSI rolls.
2. *All* SSI recipients can work without fear of sudden or unexpected lost eligibility resulting from their work.
3. SSI checks are reduced for working people in proportion to their actual increases in earnings.
4. Even when income is too high for a cash benefit, Medicaid continues for *working disabled* or *blind* individuals for as long as they need it.
5. People who work their way off benefits can be reinstated *without* a new application if income drops. There is no limit to the number of times this can occur.

   People's eligibility for SSI is terminated only if they medically improve or have been ineligible for *any* SSI benefit (including 1619(b)) for 12 consecutive months. In either event, they can reapply without a waiting period when they think that they may have become eligible again.
6. SSI eligibility and payment determinations take into account the special needs of working SSI claimants:
   a. Impairment-related work expenses (DI 10520.001, SI 00840.121, SI 00840.140)
   b. Student earned income (SI 00840.100)
   c. Plans for achieving self-support (SI 00870.001)
   d. Sheltered workshop earnings (SI 00820.300)
   e. Blind work expenses (SI 00840.135)
   f. Resources necessary for self-support (SI 01140.001 ff.)
   g. Publicly-funded attendant care and personal care (that would be lost if SSI eligibility were lost) (SI 02302.045, SI 02302.050)

Policy and Procedures Effective July 1, 1987

02302.010 Policy Principles

A. Special Cash SSI Payments Under Section 1619(a)

1. Special SSI cash benefits are paid to *disabled* recipients in place of their "regular" SSI benefits when their *earned income is at the amount designated as the SGA level* (currently when earnings are *over* $300 per month).

   For individuals in pay status, the only distinction between regular benefit status and 1619(a) eligibility will be whether or not their *gross earned income* is at the SGA level. (1619(a) does *not* apply to blind individuals because the SGA test *never* applied to blind individuals under SSI.)
2. SGA determinations are required to *establish* disability for individuals. These SGA determinations are conducted according to the "regular" rules. (See DI 11055.005 and DI 10501.001 ff.)
3. SGA determinations are *not* required for purposes of maintaining *continuing* disability status under the SSI program.
4. The individual must continue to have a disabling impairment and meet all nondisability requirements (e.g., income and resources).
5. Disability status is retained until the individual medically improves or eligibility is *terminated* (SI 02301.005 A.1.) for a nondisability reason.
6. When gross earned income drops below SGA level (and all other eligibility criteria are met), 1619(a) eligibles and those individuals being reinstated from a period of suspense are reinstated to "regular" benefits *at any time* prior to termination of eligibility.
7. The individual must have been eligible to receive a regular SSI cash payment (i.e., $1 or more of Federal SSI or federally administered State supplement) based on disability for *a* previous month within the current period of eligibility, i.e., *not necessarily the immediate prior month*. (This requirement is called the "prerequisite month for 1619 eligibility," see SI 02302.025 B.)
8. An individual can qualify for 1619(a) as early as his/her second month on the SSI rolls. (An early return to work may result in a reopening/reversal of the disability determination. See DI 13010.110.)
9. Payment amounts under 1619(a) are calculated in the same way as regular SSI payments. (See SI 02005.001 ff.)
10. Federally administered State supplementary payments are made *only* if the State has elected to supplement 1619(a) eligibles. (See SI 02302.030 D.)
11. Recipients of 1619(a) payments are SSI recipients for all purposes including Medicaid eligibility.

B. SSI Recipient Status Under Section 1619(b)

1. Working *disabled* or *blind* individuals *under age 65* who qualify under 1619(b) retain SSI recipient status when their earnings (along with other income) make them ineligible for SSI *cash* payments (regular or special). By retaining SSI recipient status, an individual retains his/her right to Medicaid eligibility. (See subsection C. below for provision pertinent to 209(b) States.)
2. The individual must continue to be blind or have a disabling impairment.
3. The individual must be eligible for SSI benefits under all SSI nondisability requirements except earnings (i.e., the individual would have been eligible under 1611 or 1619(a) if he/she had no countable earned income).
4. The individual must have been eligible to receive a regular SSI cash payment (i.e., $1 or more of Federal SSI or federally administered

State supplement) based on disability or blindness for *a* previous month within the current period of eligibility, i.e., *not necessarily the immediate prior month.* (This requirement is called the "prerequisite month for 1619 eligibility," see SI 02302.025 B.)

5. The individual must depend on Medicaid coverage to continue working. (This requirement is called the Medicaid use test, see SI 02302.040.)
6. The individual cannot have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly funded personal or attendant care that would be lost if the individual were not SSI eligible. (This requirement is called the "threshold" test, see SI 02302.045.)
7. 1619(b) eligibles are reinstated to 1619(a) status or regular benefit status as appropriate *at any time* prior to termination of eligibility if countable income drops below the applicable breakeven point (and all other eligibility criteria are met).
8. Recipient status under 1619(b) protects reinstatement rights under *all* SSI provisions (i.e., regular or 1619(a) cash benefits, or 1619(b) benefits). Reinstatement because of recipient status under 1619(b) is possible at *all* times (unless the individual's eligibility is terminated) in *all* States. Therefore, 1619(b) eligibility development is required in *all* States.

C. Medicaid Eligibility for 1619 Recipients in 209(b) States

1619(a) or (b) eligibles retain their Medicaid eligibili- (for as long as they are 1619 eligible) provided that ey were eligible for Medicaid in the month prior to ecoming eligible for 1619.

D. Suspensions and Terminations

1. If any nondisability requirement is not met in a month, the individual is placed in suspense until the next month in which all requirements can be met for 1619(a), 1619(b), or regular benefit eligibility. A 1619(b) month, although a nonpay month, is *not* a suspense month.
2. After SSI eligibility has been suspended for any reason, if the individual would again be eligible within the subsequent 12 months, the individual may be reinstated to regular SSI benefits, 1619(a), or 1619(b) as appropriate, without a new application or new disability determination.
3. After 12 consecutive months in suspense (for any reason), the eligibility of any individual who cannot qualify for reinstatement (to regular benefits, 1619(a), or 1619(b)) is terminated. A new application and a new determination of disability (as an initial claim) is required for a blind or disabled individual to be placed on the rolls again.
4. If, at any time, an SSI eligible is found to no longer have a disabling impairment, his/her disability is ceased effective with the month of that determination. Regular or special SSI cash benefits or SSI recipient status under 1619(b) continue(s) for that month and the following 2 months (i.e., the grace or adjustment period) if all nondisability criteria are met. The individual's eligibility is then terminated and a new application and a new determination of disability (as an initial claim) is required for a blind or disabled individual to be placed on the rolls again.

E. Special Benefits for 1619 Eligibles Who Go Into a Public Medical Facility or Medicaid Facility

1. If a 1619 eligible enters a public medical or psychiatric facility for 1 or 2 full months, instead of losing eligibility for those months, he/she is eligible (if all other eligibility criteria are met) for a benefit based on the full FBR plus State supplement, if any. For this provision to apply, agreements with public medical and psychiatric facilities are required to allow individuals to retain all of their SSI and State supplementary payments. (See SI 00520.104 for detailed instructions.)
2. If a 1619 eligible enters a Medicaid facility (i.e., Medicaid pays more than 50 percent of the cost of care) for 1 or 2 full months, instead of being subject to the $25 payment limit for those months, the full FBR plus State supplement, if any, is applied to compute his/her benefit. For this provision to apply, agreements with the facilities are required allowing individuals to retain all of their SSI and State supplementary payments. (See SI 00520.104 for detailed instructions.)

F. Notices of Potential Eligibility

In addition to SSA's overall charge to promptly and properly notify individuals of changes in their SSI eligibility and payment, SSA must send a notice to inform recipients of the potential benefits available under section 1619 when:

1. An initial award of SSI benefits is made to the individual age 18 or over; and
2. A section 1611 recipient first has gross earned income of $200 a month or more, and periodically thereafter as long as gross earned income is $200 or more. (See SI 02302.310.)

G. Continuing Disability Reviews (CDR's)

The 1619 statute requires that CDR's be performed for individuals who are newly eligible for 1619(a) benefits, for certain 1619(b) eligibles who are reinstated to cash benefit status, and for certain former 1619(b) eligibles who are reinstated to benefits after a period in suspense. (Part 4 of the POMS provides detailed instructions regarding these CDR's.)

02302.015 Related Policies

A. Impairment-Related Work Expenses (IRWE's), SI 00840.121, SI 00840.140, DI 10520.001

Qualified IRWE may be excluded when appropriate from the countable income of disabled individuals

when performing payment and eligibility determinations under 1619(a) and eligibility determinations under 1619(b). *Qualified* IRWE may also be excluded when performing an individualized threshold calculation under 1619(b).

B. Plans for Achieving Self-Support (PASS), SI 00870.001 ff.

Income and/or resources set aside under an approved PASS may be excluded from the income/resources of disabled individuals when performing payment and eligibility determinations under 1619(a), and eligibility determinations under 1619(b) for blind and disabled individuals. The PASS income exclusion may also be applied when performing an individualized threshold calculation under 1619(b).

C. Work Expenses of the Blind (BWE), SI 00840.135

The income exclusion for the work expenses of the blind may be applied to eligibility determinations and individualized threshold calculations under 1619(b) for blind individuals.

D. Substantial Gainful Activity (SGA), DI 11055.005 and DI 10501.001 ff.

SSI disability is defined as the inability to do any SGA by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. An individual must be unable to engage in SGA to be *found eligible* for SSI based on disability. SGA tests do not apply to persons eligible for SSI based on statutory blindness or age.

Prior to July 1, 1987, SSI disability ceased if the recipient was determined to be engaged in SGA after an initial trial work period. Effective July 1, 1987, engaging in SGA does not cause loss of disability status under SSI. Beginning with that date, earned income in a month that exceeds the amount that ordinarily represents SGA (currently over $300) causes the authority for payments to an otherwise eligible individual to shift from section 1611 to section 1619(a).

SGA determinations by field office personnel are not required for continuing eligibility purposes. (Note that there are posteligibility situations where *initial* eligibility must be *re* established and an SGA determination may be required. See SI 02302.025 B.)

Ability to engage in SGA remains a cause for loss of disability status under title II. ALL RELEVANT INSTRUCTIONS IN PART 4 OF THE POMS MUST BE APPLIED WHEN DETERMINING POTENTIAL ELIGIBILITY UNDER TITLE II FOR INDIVIDUALS WITH POTENTIAL CONCURRENT ELIGIBILITY UNDER BOTH TITLES II AND XVI.

Under title XVI, SGA determinations (after initial eligibility is established) will continue to be required in limited cases *only* for purposes of determining reimbursement for services to vocational rehabilitation agencies. *Such SGA determinations will in no way affect the determination of whether an individual is eligible for regular SSI benefits or 1619(a) benefits.*

E. Retrospective Monthly Accounting (RMA), SI 02005.001 ff.

There are no special section 1619 rules regarding RMA. Section 1619 eligibility determinations are based on the computation month, and 1619(a) payment computations are based on the budget month. RMA is not a factor in section 1619(b) threshold computations since these involve annualized amounts.

F. Multicategory Eligibility, SI 00501.160

An individual may qualify for SSI benefits based on more than one category, i.e., aged, blind, or disabled. Benefits under section 1619(a) will only be paid for months when eligibility is based on disability. Eligibility under 1619(b) is available to the individual only in those months when eligibility is based on disability or blindness and is not available to individuals age 65 or over regardless of category. Consideration should be given to eligibility under the category that is most advantageous to the individual given his/her overall circumstances.

02302.020 Summary of Field Office Actions—Operating Procedures

Administration of section 1619 and related provisions requires that FO's:

A. Inform recipients and their representatives about the potential availability of SSI benefits for people who work (SI 02302.006).

B. Assure that earned income information posted to the automated system is current for all SSI recipients. This includes verifying earned income for all 1619(a) or (b) eligibles *quarterly*. (See SI 00820.001 ff., SI 02302.060, and SM 01305.101 ff.)

C. Assure that the supplementary payment codes posted to the automated system are current for all SSI recipients. (See SM 01301.535.)

D. Perform SGA determinations in certain *posteligibility* situations where *initial* eligibility as a disabled individual is being determined. The automated system will alert the FO to situations requiring these determinations. (See SI 02302.025 B., SM 01305.975, and SM 01305.991.)

E. Make determinations for potential 1619(b) eligibles as to whether the individuals meet the Medicaid use test. The automated system will alert the FO to situations requiring these determinations. (See SI 02302.040 and SM 01305.992.)

F. Make determinations for potential 1619(b) eligibles as to whether the individuals meet the threshold test. The automated system will alert the FO to situations requiring these determinations. (See SI 02302.045 and SM 01305.975.)

G. Provide recipients of *regular* benefits who first report gross earned income of $200 or more in a month with a manually-prepared informational notice regarding their potential eligibility for benefits under section 1619. (See SI 02302.310.)

H. Provide recipients who receive manually-prepared initial award notices with informational notices regarding the availability of benefits under section 1619. (See SI 02302.310.)

I. Consider all appropriate title II policies and procedures when determining if an individual has concurrent eligibility under titles II and XVI.

2302.025 Identifying Potential Section 1619(a) and (b) Participants—Operating Procedures

. Introduction

There are five factors to consider when determining ether an individual is eligible under the regular es or under the 1619 rules. The five factors which ect this determination are:

1. The existence of the 1619 prerequisite month;
2. Eligibility category;
3. Whether gross earned income is at SGA level (for disabled individuals only);
4. Whether total countable income is at or above breakeven point; and
5. Institutionalization status.

B. Prerequisite Month for 1619 Eligibility

Eligibility for 1619 requires that before an individual can be eligible for 1619 the individual be eligible as disabled or blind (as appropriate) to receive a Federal SSI payment or a federally administered State supplementary payment for *a* month. The month need *not* have been *the immediate prior month*. However, the month must have been within the current period of eligibility, i.e., the scope of the current application.

Almost all individuals previously in pay or eligibility status will have the prerequisite month. However, there are posteligibility situations where there is no prerequisite month and 1619 eligibility cannot apply for the current month.

The system will have the capability to recognize these situations and will not process affected cases under 1619 rules until the prerequisite month is established. The system will alert the FO to perform any required actions. (See SM 01305.975, and SM 01305.991.)

	IF:		THEN:
1.	The prior period of eligibility *has been terminated* and an initial month of eligibility is being determined for a new period of eligibility.	1.	Treat as an initial claim. The regular rules apply. A new application is required. SGA determination is required to establish disability.
2.	*All prior months* within the current period of eligibility *have been determined/redetermined to be ineligibile*. Current month's eligibility is being determined.	2.	The regular rules apply. A new application is not required. However, an SGA determination is required to establish 1619 prerequisite month for disabled individuals.
3.	The individual was *eligible but no payment was due* (e.g., EØ1) for *all* prior months within the current period of eligibility. Current month's eligibility is being determined.	3.	Same as 2. above.
4.	Combination of months described in 2. and 3. above exists.	4.	Same as 2. above.

C. Eligibility Category, Earned Income, and Total Countable Income

The chart below applies to *all* categorically blind or disabled SSI eligibles who *have* the 1619 prerequisite month (including those who are recipients of Federal SSI payments or federally administered State supplementary payments; or who are in payment suspense for a nondisability-related reason but not terminated as of the current month; or who have had their disability ceased but not terminated as of the current month):

	IF:	BLIND	DISABLED
•	Earned income (SI 00820.001) is $300 or less *and* total countable income is under breakeven point (SI 00810.190).	Regular rules apply.	Regular rules apply. Disability status is not affected. No SGA determination is required.
•	Earned income exceeds $300 *and* total countable income is under breakeven point.	Regular rules apply. SGA does not apply to blind under SSI.	*1619(a)* rules apply. Disability status is not affected. No SGA determination is required.
•	Earned income is $300 or less *and* total countable income is at or above the breakeven point.	*1619(b)* rules apply.	*1619(b)* rules apply. Disability status is not affected. No SGA determination is required.
•	Earned income exceeds $300 *and* total countable income is at or above the breakeven point.	*1619(b)* rules apply. SGA does not apply to blind under SSI.	*1619(b)* rules apply. Disability status is not affected. No SGA determination is required.

D. Institutionalization

Up to 2 months regular benefits are available to certain 1619 eligibles who become institutionalized in Medicaid facilities or public medical or psychiatric facilities (see SI 00520.104).

02302.030 Section 1619(a) Operating Procedures

A. General

An individual's eligibility for cash benefits under 1619(a) is primarily a result of his/her earning gross earned income (SI 00820.001) of more than $300 a month. Because of this correlation and the automated systems' capability to shift the authority for an individual's eligibility based on transmitted earned income, there is limited special processing required for developing 1619(a) eligibility. The considerations and development which are required are discussed below.

B. Earned Income Development

Proper administration of section 1619 requires that individuals' earned income be developed fully and accurately both at initial claim and thereafter (see SI 00820.001 ff. and SI 02305.001 ff.). This also includes verifying earned income for 1619(a) and (b) eligibles *quarterly* (see SI 02302.060).

C. Informational Notification When Earned Income Reaches $200

All section 1619 notices will be automated effective July 1, 1987 with one exception: An informational notification about potential benefits under section 1619 is required for all regular SSI recipients when their monthly gross earned income first reaches $200. This notification will be given to the individual by the FO when the individual reports or development surfaces gross earned income of $200 or more in a month for the first time (see SI 02302.310). Plans to automate this notification are underway.

D. State Supplementation Development

1. GENERAL

States which make supplementary payments (mandatory or optional, Federal or State administration) have the option of making supplementary payments to individuals eligible under section 1619(a).

If a State with Federal administration of its supplementary payments elects to supplement 1619(a) cases, benefit computations are the same under regular rules or 1619(a). The FO will determine the appropriate optional supplementary payment code for a 1619(a) month in the same way as for a regular SSI month (see SI 01401.001 ff.).

2. STATES SUPPLEMENTING 1619(a)

The following States with federally administered supplementary payments have elected to supplement 1619(a) benefits:

California
Delaware
District of Columbia
Georgia
Hawaii
Iowa
Kansas
Maine
Massachusetts
Michigan
New Jersey
New York
Pennsylvania
Rhode Island
South Dakota
Tennessee
Vermont
Washington (effective July 1987)
Wisconsin (effective June 1986)

3. STATES NOT SUPPLEMENTING 1619(a)

The following States with federally administered supplementary payments have not elected to supplement 1619(a) benefits:

Arkansas
Florida
Louisiana
Maryland
Mississippi
Montana
Nevada
Ohio

E. Institutionalization

When a 1619(a) eligible enters a public medical or psychiatric facility, or a Medicaid facility, he/she may be eligible for up to 2 months regular benefits. See SI 00520.104 for development.

F. Prerequisite Month

In certain posteligibility situations, initial eligibility as a disabled person must be reestablished (see SI 02302.025 B.). The automated system will alert the FO to situations requiring these determinations (SM 01305.991).

G. Continuing Disability Reviews (CDR's)

The 1619 statute requires that CDR's be performed for individuals who are eligible for 1619(a) benefits within 12 months of their first 1619(a) month. Part 4 of the POMS provides detailed instructions regarding these CDR's.

02302.035 Section 1619(b)--General

A. General

Eligibility for continuing recipient status for Medicaid purposes under section 1619(b) results when an otherwise eligible working blind or disabled person has countable earned income which makes his/her total countable income exceed the applicable breakeven point *and* the individual also meets the Medicaid use test and the threshold test.

Because of the automated systems capability, there is limited special processing required for developing 1619(b) eligibility. The considerations and development which are required are discussed below.

B. Income Development

Proper administration of section 1619 requires that individuals' earned (SI 00820.001 ff.) and unearned income be developed fully and accurately both at initial claim and thereafter (SI 02302.060 and SI 02305.001 ff.).

The automated system will determine if the individual would have been eligible for a cash benefit (or E) if he/she had not had the excess countable earned income which made total countable income exceed the applicable breakeven point. This determination is made for the current month based on a *test* eligibility computation in which the individual's own earned income is assumed to be zero. All appropriate exclusions are applied. The appropriate State supplement is applied to the test computation *only* if the individual resides in a State that has elected to supplement 1619 eligibles (see SI 02302.030 D.2.).

The test computation uses the individual's countable unearned income plus any countable income (earned or unearned) deemed from others. If 1619(b) eligibility is being considered for both members of a couple, the earned income of both is dropped for the test computation; if only one member's status is being determined, only that member's earned income is dropped.

If otherwise eligible, a recipient who resides in a title XIX institution (FLA-D) and is subject to the $25 payment cap, making him/her ineligible for cash benefits due to countable income (i.e., E), can be eligible for 1619(b) if countable income after the test computation is less than the Federal benefit rate. (See D. below.)

C. Medicaid Use Test and Threshold Test

The automated system screens the records of individuals who lose eligibility for cash SSI benefits due to excess income and determines which of these individuals are potentially eligible for section 1619(b), subject to the two additional criteria that require manual

development by the FO: the Medicaid use test (SI 02302.040) and the threshold test (SI 02302.045). These identified individuals are placed immediately in 1619(b) status and the system generates alerts to the FO controlled by diaries (see SM 01305.975). These alerts must be cleared timely to avoid improper Medicaid eligibility.

When an individual reports earnings that will make him/her ineligible for cash SSI benefits, but appears to be otherwise eligible for 1619(b), develop the Medicaid use test and threshold test without waiting for the system-generated alert.

D. Institutionalization

When a 1619(b) eligible enters a public medical or psychiatric facility, or a Medicaid facility, he/she may be eligible for up to 2 months regular benefits. See SI 00520.104 for development.

E. Prerequisite Month

In certain posteligibility situations, initial eligibility as a disabled person must be reestablished (see SI 02302.025 B.). The automated system will alert the FO to situations requiring these determinations (SM 01305.975).

F. Continuing Disability Reviews (CDR's)

The 1619 statute requires that CDR's be performed for certain 1619(b) eligibles who are reinstated to cash benefit status, and for certain former 1619(b) eligibles who are reinstated to benefits after a period in suspense. Part 4 of the POMS provides detailed instructions regarding these CDR's.

02302.040 The Medicaid Use Test for Section 1619(b) Eligibility

A. Policy Principle

Eligibility for SSI recipient status under section 1619(b) requires that the individual must depend on Medicaid coverage to continue working.

B. Operating Procedures

An individual is considered to depend on Medicaid coverage if he/she:

1. Used Medicaid coverage within the past 12 months;
2. Expects to use Medicaid coverage in the next 12 months; or
3. Would be unable to pay unexpected medical bills in the next 12 months without Medicaid coverage.

Medicaid use determinerminations are made for the 12-month period beginning with the month 1619(b) status begins and at the annual redetermination (i.e., a new 12-month period is calculated beginning with the month the redetermination is initiated). After any month(s) of regular benefits, eligibility under 1619(a), or suspense, a new determination is required to establish a new period of 1619(b) eligibility.

C. Development

Develop Medicaid use by asking the recipient the following questions:

1. "Have you used any medical care or services in the past 12 months that was paid for by Medicaid (or Medi-Cal, etc.)?"
2. "Do you expect to receive any medical care or services in the next 12 months that will be paid for by Medicaid (or Medi-Cal, etc.)?"
3. "Without Medicaid (Medi-Cal, etc.), would you be unable to pay your medical bills if you become ill or injured in the next 12 months?"

Rephrase these questions, as necessary, to fit the individual's understanding. Be sure that a negative response to all three questions is well founded given the individual's situation. Such a negative response is appropriate only when there are sufficient alternate sources available to the individual to pay for his/her medical care (e.g., comprehensive medical coverage through health insurance or membership in a health plan, access to other health programs).

D. Documentation

1. INDIVIDUAL DEPENDS ON MEDICAID

a. Record the individual's allegation regarding use of Medicaid in file. A report of contact may be used.

b. Transmit a finding that the individual meets the use test to the system each time a new determination or redetermination is made (SM 01305.975).

c. Proceed with development and documentation of sufficiency of earnings (threshold test, SI 02302.045).

2. INDIVIDUAL DOES NOT DEPEND ON MEDICAID

a. If the individual would not require any service provided or paid for by the Medicaid program, find that the individual does not meet the Medicaid use test. Record the allegation over the individual's signature on an SSA-795. To avoid potential misunderstandings, always try to include in the signed statement the alternate sources of medical coverage given by the individual by specific sponsor name, e.g., "Cummings, Inc. Employee Medical Plan," or "Cedars Hospital Medical Plan."

b. Transmit the finding of ineligibility to the automated system per SM 01305.975.

02302.045 The Threshold Test for Section 1619(b) Eligibility

A. Policy Principle

Eligibility for SSI recipient status under section 1619(b) requires that the individual cannot have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly-funded personal or attendant care that would be lost if SSI eligibility was lost.

B. Operating Procedures

To measure whether an individual has sufficient earnings to provide the equivalent of SSI benefits, Medicaid, and publicly-funded attendant care for himself/herself, SSA has constructed the "threshold" concept. Charted thresholds are used for most situations but, where special needs exist an individualized calcu-

lation is made. The charted threshold is calculated for each State by starting with the annualized gross earned income amount which would reduce SSI cash benefits to zero for an individual with no other income (taking into account the State's supplementary payment level, if any), and adding the State's average annual per capita Medicaid expenditures. These charted thresholds are published in SI 02302.200. Threshold determinations are made for the 12-month period beginning with the month 1619(b) status begins and at the annual redetermination (i.e., a new 12-month period is calculated beginning with the month the redetermination is initiated). After any month(s) of regular benefits, eligibility under 1619(a), or suspense, a new determination is required to establish a new period of 1619(b) eligibility. If the individual's gross earned income for the 12-month period being determined is equal to or less than the threshold amount shown on the chart, he or she meets this requirement.

If the individual is not eligible under this chart, the FO will determine whether the individual would be eligible under an individualized threshold calculation (SI 02302.050).

Charted threshold data are updated annually.

C. Development and Documentation

1. The individual's sufficiency of earnings must be calculated at least once a year. Individuals eligible for section 1619(b) will be selected for an FO redetermination every year. (See SI 02305.001 ff.)
2. Calculate the individual's annualized gross earned income (see SI 00820.150 for guidelines) and place the calculation in the folder.
3. If an individual would be eligible using the appropriate threshold chart in SI 02302.200, transmit eligibility under the sufficiency of earnings test (SM 01305.975). Transmit a sufficiency of earnings decision each time a new determination or redetermination is made.
4. If an individual would not be eligible using the threshold chart, develop further to determine if the individual would be eligible under an individualized threshold calculation (SI 02302.050) and transmit the sufficiency of earnings decision.

02302.050 Individualized Threshold Calculation—Operating Procedures

A. General

When an individual who is otherwise eligible for 1619(b) is not eligible under the charted thresholds, consider whether the individual could be eligible under an individualized threshold calculation. The object of the individualized threshold calculation is to determine if the individual has sufficient earnings to replace *all* the benefits actually provided to him/her through SSI eligibility. In short, the process involves starting with the components of the appropriate charted threshold amount and factoring in the individual's actual Medicaid expenditures (see B. below), blind work expenses (SI 00840.135), impairment-related work expenses (SI 00840.121 and SI 00840.140), expenditures under an approved plan for achieving self-support (SI 00870.001 ff.), and publicly-funded personal/attendant care that would be lost if the individual lost SSI eligibility (see C. below). If none of these items exist, the individual is ineligible and that finding is input per SM 01305.975.

The calculation is performed for the 12-month period beginning with the month 1619(b) status began. At each annual redetermination, a new 12-month period is calculated beginning with the month the redetermination is initiated. After any month of regular benefits, eligibility under 1619(a), or suspense, a *new* calculation is required to establish a new period of 1619(b) eligibility.

Use actual Medicaid expenses for months that are past and use projected expenses/income for months in the 12-month period(s) that are in the future. Take all predictable fluctuations into account when projecting future expenses/income.

Use the worksheet provided in SI 02302.300 for performing individualized threshold calculations. It is only necessary to develop enough impairment-related work expenses, blind work expenses, expenditures under a plan for achieving self-support, attendant/personal care, and/or actual Medicaid expenditures to raise the total of the cited items to equal or exceed the individual's gross earned income. Since these items require extensive development and documentation, do not develop more items than necessary to establish that the individual meets this requirement unless the potential for reinstatement of cash benefits exists. For the same reason, there is no specified order for development of these items. Input the results of the threshold determination per SM 01305.975.

B. Actual Medicaid Expenditures—Development

1. ALLEGED EXPENDITURES

If the individual alleges use of Medicaid in the prior 12-month period, record the information on actual Medicaid use over the individual's signature. In recording the answers to the questions on Medicaid use, show:

a. When services were or are being received;
b. Names and addresses of providers; and
c. Description of the services.

Obtain a signed release (SSA-827) from the individual for each source of information about use of services that require a signed release.

2. VERIFICATION OF EXPENDITURES

Verify Medicaid expenditures for the 12-month period by one of the following methods:

a. Examination of records from the Medicaid agency or provider of services that are in the recipient's possession (e.g., prescription receipts).
b. Contact with the Medicaid agency.
c. Contact with the provider of services.

Specific procedures for verification differ from one State to another. The regional office and/or the FO's will contact the State Medicaid-administering agencies

to discuss specific procedures for verifying expenditures. Refer to regional instructions for specific procedures. Unless prohibited by regional instructions, use the telephone to verify expenditures with the Medicaid agency or provider. Record the information in file; a report of contact may be used.

Reconcile any differences which would affect the determination. Discuss the situation with the individual. (Medicaid agencies (or their carriers) respond only to bills they receive from certain providers and may have no record of use in their system until the bill is received and processed.)

C. Publicly-Funded Personal Care or Attendant Care

1. OPERATING PROCEDURE

Working blind or severely disabled SSI recipients may require the services of a paid attendant to assist with essential work-related and/or personal functions. The cost of providing such services are considered when performing the individualized threshold calculation if:

a. Assistance was/is provided by a person who is paid under a publicly-funded program other than Medicaid; and

b. The SSI individual no longer qualifies for such service due to earnings in an amount that causes ineligibility for SSI cash payments.

Services covered under Medicaid are considered under the Medicaid component of the individualized threshold (subsection D. below) and must not be counted again as attendant care services.

2. DEFINITION

Attendant care services (including personal care assistance) are, for purposes of this provision, defined as assistance in traveling to and from work, and assistance with work-related functions, including assistance with personal functions while at work or at home in preparation for work, provided to the individual *by an attendant paid from Federal, State, or local funds.*

3. DEVELOPMENT AND DOCUMENTATION

a. Obtain the following information (and record on an SSA-5002):
   - Period for which services were provided;
   - Nature of services provided;
   - Source of payment to attendant;
   - Agency funding payments.

b. Secure a signed release (SSA-8510) for each contact.

c. Contact the agency providing or funding the attendant care services and verify:
   - That the attendant care services (including personal care assistance) were provided to the recipient in the prior 12-month period;
   - The amount of gross payment to the attendant in the prior 12-month period for services provided to the recipient and the approximate number of billing units (e.g., hours, days, weeks) involved;
   - That services were funded in whole or in part by Federal, State, or local funds;
   - That eligibility for the attendant care services provided to the recipient resulted from SSI and/or Medicaid eligibility and ended with the loss of eligibility for SSI cash payments;
   - That the agency will not be reimbursed for the attendant care services under Medicaid.

The information obtained from the agency must be recorded in file. A report of contact may be used.

Precedent files may be cited in lieu of redevelopment of information concerning the source of funds, eligibility criteria, and Medicaid involvement. Insert a copy of the precedent file in the folder.

d. Based on the above information, estimate the potential costs of continuing the established level of attendant/personal care to the individual for the relevant 12-month period and record how the estimate was made in file.

02302.060 Quarterly Verification of Earnings—Operating Procedures

A. General

In addition to the annual redetermination required for section 1619(a) and 1619(b) cases, earned income and exclusions from earned income must be verified at least quarterly (more frequently at local option). The quarterly reports will be initiated by monthly computer listings headed "1619 Eligibles." (The "1619 Eligibles" listing is issued monthly to aid those FO's that verify earnings on a more frequent than quarterly cycle.)

Each FO having section 1619 recipients in its service area will receive a listing of "1619 Eligibles." It lists section 1619 recipients by name, social security number, and the reason for the selection (either "1619(a) payment" or "1619(b) status").

Generally, verify earned income and exclusions from earned income no later than the beginning of the second month of each quarter. Exception: Where a redetermination is conducted in the quarter being determined, the earnings verification performed as part of that redetermination also satisfies this requirement. Verify earnings for section 1619(a) and (b) cases for the period beginning with the month after the last month for which earnings have been previously verified and ending with the last full calendar month prior to the current month.

NOTE: *Do not redetermine eligibility under the threshold test except as specified per SI 02302.045 B. and SI 02302.050 A.*

B. Development

1. RECIPIENT CONTACT

Obtain earnings information from the section 1619(a) and (b) recipients by the most convenient method, usually by telephone or through the mail (see SI 00820.120). Since the recipients will usually be working, do not attempt face-to-face contact in the FO, except for the annual redetermination, unless other methods of obtaining earnings information are not

successful. Whether contacting the recipient by telephone or through the mail, request the information not previously verified for each month prior to the current month. Also request an estimate of earnings for the current month and the following months up to the next scheduled verification of earnings. If the recipient does not respond to two requests for the necessary information, it may be necessary to place him/her in suspense (N2Ø status). (See SI 02301.260.)

When reviewing verified earnings, consider whether any changes have occurred regarding any earned income exclusions that might apply such as IRWE, PASS, or BWE. Record earnings information on a report of contact.

2. EARNINGS VERIFICATION FOR 1619 CASES

Verify earnings per SI 00820.130 ff. However, in verifying earnings for 1619(a) and (b) cases, be extremely sensitive to any indications that the employer will object to verification on a quarterly basis (e.g., the employer has been uncooperative in the past, the recipient indicates the employer will object, etc.). If the FO has indications that there will be problems with the employer, obtain documentation solely from the recipient. If the recipient cannot provide verification of all earnings (i.e., acceptable payslips), estimate the amount from whatever documentation the recipient can provide and input that amount as unverified. If quarterly verification cannot be secured, record attempts to obtain the information on an SSA-5002.

When the information becomes available, or at the time of a redetermination, whichever is earlier, verify any unverified earnings per SI 00820.130 through the month prior to the recipient contact or redetermination.

3. EARNINGS ESTIMATES

In estimating future earnings, the amounts earned in the past few months are often the best guide. However, consider any indication given by the recipient that a change in earnings is anticipated. (See SI 00820.150 for additional information on estimating future wages.)

4. SYSTEMS INPUT

Transmit the new earnings estimate to the system. See SM 01305.101 ff. for instructions on systems input.

Policy and Procedures Prior to July 1, 1987

02302.100 Policy Principles (Pre-July 1987)

NOTE: *THESE INSTRUCTIONS ARE RETAINED FOR ADJUDICATING MONTHS PRIOR TO JULY 1987 AND WILL BE OPERATIVE ONLY FOR CASES INVOLVING ELIGIBILITY PRIOR TO JULY 1, 1987. SI 02302.100-02302.155 WILL BE OBSOLETED AFTER ADMINISTRATIVE FINALITY EXPIRES FOR PREAMENDMENT MONTHS.*

A. Special SSI Cash Benefits Under Section 1619(a)

See SI 02302.003 A.

B. SSI Recipient Status Under Section 1619(b)

See SI 02302.003 B.

02302.105 Related Policies (Pre-July 1987)

A. Section 1611 of the SSACT

Section 1611 of the SSACT provides the definition of who qualifies as an eligible individual for SSI benefits. Section 1611 benefits are "regular" SSI benefits as contrasted to "special" benefits under section 1619. Section 1619 benefits are "special" SSI benefits because they are made to individuals who do not meet the regular rules.

B. Work Incentives

A number of work incentive provisions are available to ease the transition when an SSI recipient returns to work or increases his/her level of work. The FO must

consider all the work incentive provisions that apply to the recipient and how they interact in order to explain the options available and determine the individual's status. In particular, be alert to situations where aggressive use of these work incentive provisions can preserve or reestablish 1611 eligibility status. Other work incentives to be considered on SSI cases and their potential impact on the 1619 provisions include but are not limited to the following:

1. SUBSTANTIAL GAINFUL ACTIVITY

SSI disability is defined as the inability to do any SGA by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months (see DI 11055.005 and DI 10501.001 ff.). SGA tests do not apply to persons eligible for SSI based on statutory blindness or age. SSI disability will cease if the recipient is determined to be engaged in SGA. SGA is a factor in the following work incentive provisions:

a. Trial Work Period (TWP)

The TWP gives a disabled SSI recipient an opportunity to test his/her ability to work and hold a job. During the TWP of up to 9 months, not necessarily consecutive, the recipient's work will not be used to determine ability to engage in SGA (see DI 13010.035).

The 1619(a) provision does not apply during the TWP since an SSI recipient's eligibility does not cease due to SGA in the period. SSI recipient status under 1619(b) is possible for TWP months of nonpayment due to excess earnings. An SGA decision must be made when an SSI individual completes the TWP even if eligibility for 1619(a) or (b) appears to exist.

b. The 15-Month Reentitlement Period and the Extended Period of Eligibility (EPE)

Beginning with the month following the last month of TWP, disabled SSI recipients are generally subject to a 15-consecutive-month period during which benefits (that stop due to disability cessation based on an SGA determination) are reinstated when SGA ends. This reentitlement period creates an extended period of eligibility (EPE) for disability benefits that begins with the first month of the reentitlement period and continues until the earlier of the month preceding the month in which the recipient's impairment is not disabling, or the month preceding the first month after the 15-month reentitlement period that the recipient engages in SGA or is able to do so (see DI 13010.210); i.e., the EPE is a *minimum* of 15 months unless cut short by medical improvement.

The EPE does not directly affect 1619 eligibility, although the basis for eligibility may shift back and forth between 1611 and 1619 during the EPE as earnings change. Payments may be made under section 1611 for each month during the EPE when earnings are below SGA level. Payments may be made under section 1619(a) for each month during the EPE when earnings are at SGA level. Continuing Medicaid status under 1619(b) may apply for any month during the EPE where countable income is too high for payment to be made.

When the EPE ends due to SGA, an individual may qualify for continuing benefits under 1619(a) or (b) but cannot become eligible for 1611 benefits again unless SGA stops and a new period of eligibility based on disability can be established. When the EPE ends due to medical improvement, benefit eligibility generally terminates after the grace period.

c. Grace Period or Adjustment Period

If an individual is found capable of performing SGA or medically improved, his or her disability is ceased; however, regular disability benefits continue for the month of disability cessation and the 2 following months. These 3 additional months of regular benefits paid to individuals whose disabilities have been ceased are often referred to as the "grace period" or "adjustment period." Only one grace period may apply within any one period of eligibility based on disability. Special SSI benefits under section 1619 cannot apply during this period because the recipient is eligible for a "regular" SSI payment.

2. IMPAIRMENT-RELATED WORK EXPENSES (IRWE)

Qualified IRWE may be excluded when appropriate from countable earned income for 1619(a) and (b) determinations for disabled individuals. IRWE are also deducted from earnings for SGA computations performed for disabled 1619 cases (see DI 10520.001 and SI 00840.121 ff.) when required. *Thus, newly identified IRWE* may provide an avenue for reinstatement of regular SSI benefits for 1619(a) and (b) cases as well as result in higher payments for 1619(a) recipients.

3. PLAN FOR ACHIEVING SELF-SUPPORT (PASS)

Exclusion of certain income and/or resources under a PASS apply to countable income/resources computations performed as part of determining eligibility under 1619 (see SI 00870.001 ff.).

4. SHELTERED WORKSHOP PAYMENTS

Section 1612(a)(1) of the SSACT provides that remuneration received in a sheltered workshop or work activities center will be considered earned income for SSI purposes. The FO should be alert to subsidies that will reduce the earnings for SGA purposes (see DI 24001.025 E.).

5. CONTINUED PAYMENTS TO INDIVIDUALS UNDER A VOCATIONAL REHABILITATION (VR) PLAN

Section 1631(a)(6) provides for continuation of SSI benefits to disabled (not blind) recipients whose disability ceases due to unexpected medical recovery if the individual is participating in an approved State VR plan. Benefits continued under this provision are *regular* SSI benefits and recipients of these benefits may be eligible for 1619 benefits if all other criteria are met.

6. MULTICATEGORY ELIGIBILITY

An individual may qualify for SSI benefits based on more than one category, i.e., aged, blind, or disabled. Consideration should be given to eligibility under the category that is most advantageous to the individual (see SI 00501.160).

7. APPEAL RIGHTS

An individual whose disability is ceased due to SGA *must* be *considered* for continued special benefits under section 1619(a). However, any 1611 benefit continuation effected under the individual's appeal rights (see DI 13010.200 and SI 02301.601 ff.) would preclude

1619(a) or (b) benefits (because ineligibility for a regular benefit is a prerequisite for special benefits).

02302.110 Section 1619(a) Cash Benefits (Pre-July 1987)

A. Eligibility Requirements

To be eligible for cash benefits under 1619(a), an individual must:

1. Continue to have a disabling impairment;
2. Have been eligible to receive SSI cash benefits based on disability under 1611 or 1619(a) for the previous month;
3. Have eligibility for payment under 1611 terminate because he/she demonstrated a capacity to engage in SGA;
4. Meet all of the SSI nondisability requirements; and
5. Have countable income in the computation month less than or equal to the appropriate Federal benefit rate (FBR) and federally administered State supplementary payment which applies to individuals eligible for 1619(a) benefits in the same living arrangement.

B. State Supplementation

See SI 02302.030 D.

C. When 1619(a) Special SSI Cash Benefits Stop

Eligibility for 1619(a) benefits will cease when:

1. Eligibility under 1611 is reestablished; or
2. The individual fails to meet any nondisability criterion (including the income and resources test); or
3. The individual medically improves; or
4. The individual ceases work at the SGA level.

D. Interaction with Other Provisions

Given the specific requirements of 1619(a) and the interaction of all the other statutory provisions with which it must co-exist (e.g., TWP, SGA, 15-month reentitlement period), there are limited sets of circumstances and timeframes within which 1619(a) eligibility is possible.

The earliest month that 1619(a) may apply is the individual's 13th month on the disability rolls (i.e., 9-month TWP plus the 3 months of additional payments must elapse before regular SSI disability benefits stop). During the remaining 12 months of the 15-month reentitlement period, payment eligibility can shift back and forth between the regular SSI rules and section 1619(a) depending on an individual's earning levels (i.e., SGA months versus non-SGA months). If excess earnings preclude cash payments, the individual may lose eligibility for either SSI disability benefits or section 1619(a) benefits, and 1619(b) may apply. If any other eligibility criterion is not met, the individual may be ineligible for any benefit at all.

Eligibility may continue under the regular SSI disability rules indefinitely after the 15-month reentitlement period, if the individual does not perform SGA. When the individual performs SGA after the reentitlement period, his/her regular SSI disability benefits will stop and special SSI cash benefits may begin. However, if this is the first time SGA was performed by the individual, this eligibility shift will be delayed while the individual receives his/her *regular* benefits under the 3-month "grace period."

Once an individual is receiving 1619(a) payments, he/she is reinstated to regular SSI disability benefits if earnings drop below SGA levels during the 15-month reentitlement period. After the 15-month reentitlement period, he/she is reevaluated for a new period of eligibility based on disability if earnings drop below the SGA level (payments are continued under 1619(a) pending this determination). A new application is not required.

If any nondisability factor of eligibility is not met, eligibility for payment under section 1619(a) is suspended/terminated as appropriate (although eligibility for Medicaid may continue under 1619(b) if excess earnings was the cause of the loss of cash benefits). And, of course, if the individual improves medically at any time, benefits generally terminate.

02302.115 Development and Processing of Section 1619(a) Status (Pre-July 1987)

A. Nondisability Requirements

An individual who fails to meet any SSI nondisability requirement, e.g., income, resources, is not eligible for 1619(a) special SSI cash payments. If the *sole* cause of suspension was excess income that included earned income, consider special SSI recipient status.

B. SGA Determination for 1619(a) Benefits

Eligibility for *benefits under 1619(a) can occur only if the individual loses eligibility for benefits under 1611 because of being engaged in SGA for a month.* The FO must develop the individual's work activity and make a determination of SGA. The FO must develop the individual's gross earnings and any subsidy elements. It must also develop for the IRWE deductions which apply or will apply (see DI 10520.001). (See DI 10501.001 ff. which discusses the determination of the issue of SGA after the TWP.)

C. Processing Cases Eligible for Special SSI Cash Benefits Under 1619(a)

Benefit computation and income rules under 1619(a) are the same as under 1611.

The following processing instructions apply to disabled individuals who meet the requirements in SI 02302.110 A. and have continuing benefits payable under section 1619(a) (or 1611). Recipients who are ineligible for cash benefits for 1 or more months due to earnings will be evaluated for 1619(b) eligibility.

1. Process the work activity report. If necessary, refer the file to the DDS for medical review to determine if the recipient continues to have a disabling impairment.
2. Ascertain the following information:
   a. Month-by-month SGA determinations or TWP service months for the past and the current operating months (if necessary, con-

trol for anticipated future changes in estimates of SGA);

b. Estimated exclusion of IRWE, estimates of earned and unearned income, and the diary for IRWE, if any, required per DI 00503.800 ff. Use form SSA-4968 modified to apply the impairment-related work expenses (IRWE) deduction to compute benefits payable and to document estimates;

c. The last month of the 15-month reentitlement period within the EPE; and

d. If the State of residence has an agreement for Federal administration of its optional supplementary payments, the anticipated optional supplementary payment code for each month.

3. Authorize or prepare the necessary notice to explain the basis for and the benefits payable. (See CN 00804.390.)

D. Potential Overpayments

A change in eligibility for cash benefits between 1611 and 1619(a) or a loss of 1619(a) eligibility frequently means there is an overpayment for a given month. In a State which does not supplement 1619(a) cases but does supplement 1611, this difference may cause an overpayment. In cases when the SGA decision resulted from increased earnings or a decreased IRWE deduction, the higher countable income can cause an overpayment. Process incorrect payments under the rules for advance notice and overpayment recovery (see GN 02220.001 ff.).

02302.120 Section 1619(b)—Special Recipient Status for Medicaid Purposes (Pre-July 1987)

A. Background

The purpose of section 1619(b) is to provide protection against the *loss* of Medicaid benefits to a blind or disabled individual under the following conditions:

1. His/her earnings cause SSI cash benefits to stop; and
2. Termination of the Medicaid benefits would seriously inhibit the ability to continue working; and
3. Earnings are insufficient to replace the SSI benefits and medical protection that would be available absent the earnings.

SSI recipient status as a blind or disabled individual for Medicaid purposes is maintained if the 1619(b) eligibility requirements are met, even though the individual is not eligible for cash benefits.

B. Development Required in All States

FO's in *all* States must determine eligibility for 1619(b) status for potentially eligible individuals. 1619(b) eligibility can protect an individual's right to reentitlement of cash benefits after the 15-month reentitlement period without a new application if work decreases and a new period of disability is established. It also can protect the individual's Medicaid eligibility in the event of a move to a State that provides Medicaid to SSI recipients.

C. Eligibility Requirements

To be eligible for continuing SSI recipient status under 1619(b) *despite ineligibility for cash benefits* because earnings cause excess countable income, the individual must meet the following requirements:

1. The individual must be under 65 and either blind, disabled, or previously disabled (i.e., disability ceased due to SGA). If disability or blindness ceased because of medical recovery the individual is not eligible. He or she must continue to have a disabling impairment. Unlike 1619(a), engaging in SGA is not an eligibility factor for 1619(b).
2. The individual must have had a benefit payable under 1611 or 1619(a) for the month before the first month that 1619(b) applies.
3. The individual must be eligible for SSI benefits according to all of the SSI nondisability requirements except earnings (i.e., the individual would have been eligible if he/she had no countable earned income).
4. In those States that elected to supplement 1619(a) benefits, the individual's *income other than earnings* for the computation month after all of the appropriate exclusions are applied must be less than the appropriate Federal benefit rate (FBR) plus any State supplement which applies to the individual.

In those States that elected not to supplement 1619(a) benefits, the individual's income other than earnings for the computation month after all appropriate exclusions are applied must be less than the appropriate FBR.

5. Termination of the individual's eligibility for Medicaid benefits must be determined to be an occurrence which would inhibit the individual's ability to continue to work.
6. Finally, the individual's earnings must be determined to be insufficient for the individual to provide for himself or herself a reasonable equivalent of the benefits which would otherwise be available to him or her under SSI and Medicaid if the individual did not have earnings.

D. Recipients Potentially Eligible Under 1619(b)

Continuing recipient status for Medicaid purposes under section 1619(b) is potentially available to any disabled or blind SSI recipient under age 65 after his/her first month on the rolls. Section 1619(b) eligibility may occur for any month provided the individual has been continuously eligible under either regular SSI rules or sections 1619(a) or (b) (or a combination thereof).

Once eligible for section 1619(b), an individual can be reinstated to cash benefit status only through the regular SSI rules.

E. When 1619(b) Eligibility Ends

A recipient's 1619(b) status can continue so long as the recipient meets all of the eligibility factors. Should a recipient no longer meet all of these factors, status under 1619(b) will end that month. The number of times that an individual may be eligible under 1619(b)

within any period of SSI eligibility is *unlimited* so long as all factors are met each time.

Eligibility for SSI recipient status under 1619(b) will terminate when one of the following occurs:

1. Eligibility under 1611 is reestablished; or
2. The individual fails to meet any nondisability criteria except income; or
3. The individual is ineligible based on countable income other than earnings; or
4. The individual medically improves; or
5. SSA determines that termination of Medicaid would not inhibit the individual's ability to work; or
6. SSA determines that the individual has sufficient earnings to replace benefits under SSI and Medicaid.

Example:

Eligibility Ceases Due to Excess Resources

Mr. John Dod is a 46-year-old blind individual who is working and has excess countable income. He qualifed under 1619(b) in January 1985. When his eligibility is redetermined in February 1986, the FO determines that his countable resources after all exclusions exceed the limit beginning April 1, 1985. Mr. Dod's eligibility under 1619(b) ends effective April 1, 1985 when he is suspended for excess resources. Thereafter, Mr. Dod would have to requalify to receive benefits under 1611 before he could qualify under 1619(a) or (b).

02302.125 Income Other Than Earnings (Pre-July 1987)

In order to be eligible for SSI recipient status under 1619(b), an individual's countable income other than earnings for the computation month must be less than the FBR (plus the appropriate State supplement in those States that supplement 1619(a) benefits). (See SI 02302.035 B.)

02302.130 Evaluation of the Use of Medicaid Benefits (Pre-July 1987)

To be considered an SSI recipient under 1619(b), loss of eligibility for Medicaid benefits must seriously inhibit an individual's ability to continue to work. See SI 02302.040.

02302.135 Evaluation of Sufficiency of Earnings (Pre-July 1987)

To establish eligibility for 1619(b), an individual's earnings must not be sufficient to provide a reasonable equivalent of the benefits that would be available under SSI and Medicaid if the individual did not have the earnings. Use the guidelines under current procedures in SI 02302.045 and SI 02302.050; however, prior to July 1, 1987, the value of IRWE, BWE, PASS, and attendant/personal care were not considered.

02302.140 Development and Processing of 1619(b) Cases (Pre-July 1987)

A. FO Evaluation of 1619(b) Eligibility

The FO must determine 1619(b) eligibility for *all* blind or disabled recipients of regular or special SSI cash payments who lose their *payment* eligibility due solely to excess income which includes earned income.

B. Processing Cases Considered for 1619(b) Status

An individual must meet each of the requirements to qualify under 1619(b).

NOTE: *FO's in all States must develop 1619(b) status (initial and ongoing). A State's use of Medicaid eligibility criteria that is more restrictive than SSI eligibility criteria (209(b) State) does not eliminate the need for 1619(b) development in that State.*

1. Process the termination of those individuals whom the DDS determines are no longer disabled or blind because of a lack of impairment severity.
2. Follow instructions in SI 02301.001 ff. for those individuals who no longer meet one or more of the nondisability related requirements (except for earned income) for any of the months evaluated.
3. If the FO finds that an individual's unearned countable income (i.e., income other than earnings after all appropriate exclusions) equals or exceeds an amount that would make him/her ineligible, do not evaluate according to SI 02302.130 or SI 02302.135 for the months involved because the individual cannot qualify under 1619(b).

   If unearned income drops to eligibility levels after a month or months of ineligibility, the individual must be reinstated under the regular rules for 1611 benefits.
4. If the FO finds that an individual's unearned countable income is less than the FBR (plus the appropriate State supplement in those States that supplement 1619(a) benefits), the individual is blind or remains severely impaired, and the individual meets all of the nondisability requirements for one or more of the months evaluated, complete the processing for the remaining 1619(b) requirements:
   a. Evaluate the individual's status according to SI 02302.130 and SI 02302.135.
   b. Stop further development if the individual does not meet either of the requirements in a. above.
   c. If the individual qualifies according to a. above, determine that he or she is qualified under 1619(b) and is an SSI recipient for Medicaid purposes for the months and peri-

ods evaluated.

02302.145 Suspension and Termination Under 1619 (Pre-July 1987)

This section describes differences in nondisability suspension and termination policies resulting from section 1619. See SI 02302.155 B. for the procedures when these suspension and termination events are involved.

A. Suspension and Termination Events During the TWP and the EPE After the TWP

With one exception, treat any nondisability suspension or termination event occurring during the period as described in SI 02301.001 ff. The one exception concerns termination after suspension for 12 consecutive calendar months for excess earned income (T31). *If the recipient is eligible under 1619(b) for a month, that month cannot be considered a month of suspense*

B. Suspension and Termination Events Following the Extended Period of Eligibility Under 1611

Even though disability status ends, the recipient may continue to be eligible for special SSI cash benefits under 1619(a) or SSI status under 1619(b). If a recipient's eligibility continues pursuant to 1619(a) or 1619(b), he/she maintains a program connection and SSI eligibility continues and is not terminated.

Termination of SSI eligibility is effective with the first month in which the recipient no longer has a program connection; i.e., eligibility under 1619(a) or 1619(b) does not exist and benefits under 1611 based on disability are not payable and cannot be reinstated without an application.

Example:

Termination Based on Excess Resources - 1619(a) Eligible

Mr. William Gin's disability ceases because of SGA with April 1982. His earnings are at the SGA level but are not high enough to place him in N01 pay status. He has been receiving and continues to receive benefits under 1619(a). Since he maintains a program connection via 1619(a), SSI termination is not appropriate. Effective with October 1, 1982, the FO determines that Mr. Gin has excess resources. He has lost his program connection and his 1619(a) and SSI eligibility terminate in October 1982 due to excess resources.

02302.150 Effect of Income and Substantial Gainful Activity (SGA) Changes on 1619 Status (Pre-July 1987)

A. Income and SGA Changes—Disabled Recipients

The recipient's earned income determines if he/she is engaged in SGA. Changes in earned income may affect countable income and cause changes in SGA status.

Changes in unearned income or in the amount of exclusions or deemed income can also affect the amount of countable income. Particularly significant to SGA and countable income are changes in IRWE deductions per DI 10520.001, and SI 00840.121.

The following lists the permissible shifts to and from cash benefits or status as an SSI recipient which can apply to a disabled recipient as countable income and/or SGA status changes:

1. **DURING TWP—IF COUNTABLE INCOME CHANGES (SGA IS NOT A FACTOR)**
   a. Cash benefits under 1611 can be followed by SSI recipient status under 1619(b).
   b. SSI recipient status under 1619(b) can be followed by cash benefits under 1611.
   c. Special SSI cash benefits under 1619(a) cannot apply.

Example:

Status Changes Based on Earnings in TWP

Mr. Cox, a disabled SSI recipient since December 1982, begins work and has excess countable income beginning February 1983. Based on his past Medicaid usage and earnings, the FO finds him eligible for SSI recipient status under 1619(b) beginning February 1983. In July 1983, Mr. Cox's countable income decreased to less than the FBR amount and 1611 payments are resumed. Because he is in his TWP, SGA is not an issue and the 1619(a) provisions could never apply.

2. **DURING 15-MONTH REENTITLEMENT PERIOD—IF COUNTABLE INCOME AND/OR SGA STATUS CHANGES**
   a. Cash benefits under 1611 for 1 or more months can be followed by special SSI cash benefits under 1619(a) or SSI recipient status under 1619(b) for the following month.
   b. Special SSI cash benefits under 1619(a) for 1 or more months can be followed by cash benefits under 1611 or SSI recipient status under 1619(b) for the following month.
   c. SSI recipient status under 1619(b) can be followed by cash benefits under 1611 for the following month.
   d. SSI recipient status under 1619(b) for 1 or more months cannot be followed by special SSI cash benefits under 1619(a) for the following month.

Example:

Status Changes Based on Earnings in EPE

Mr. Cox completes 9 months of trial work in December 1983 and is working at the SGA level in January 1984. His disability ceases January 1984, the first month of SGA after the TWP. Payment under 1611 continues for the month of cessation and the 2 following months, and terminates effective April 1984. Mr. Cox is eligible for special SSI cash benefits under 1619(a) beginning April 1984. A July 1984 increase in earnings makes Mr. Cox ineligible for cash payments. The FO finds Mr. Cox eligible under 1619(b). In November 1984, Mr. Cox's earnings fall below the SGA level and he becomes eligible for 1611 status again effective November 1984. No application is necessary to reinstate 1611 benefits.

3. PERMISSIBLE SHIFTS AFTER 15-MONTH REENTITLEMENT PERIOD

a. Cash Benefits Were Payable for the 15th Month

1) UNDER 1611

A disabled recipient who receives benefits under 1611 for the 15th month of the reentitlement period, and is otherwise eligible, remains eligible until earnings in a subsequent month constitute SGA.

If 1611 benefits are not payable for a month (after the 15th month) due to SGA, special SSI cash benefits continue under 1619(a) if the recipient is otherwise eligible and countable income permits.

If 1611 benefits are not payable for a month (after the 15th month) due to SGA and countable income does not permit payment of 1619(a) special SSI cash benefits, SSI recipient status may continue under 1619(b).

2) UNDER 1619(a)

A disabled recipient who is eligible for continuing special SSI cash benefits under 1619(a) payable for the 15th month of the reentitlement period, can continue to receive special SSI cash benefits under 1619(a) while engaging in SGA. Thereafter, the recipient cannot qualify for benefits under 1611 unless he or she again qualifies for a new period of eligibility based on disability.

a) Work Activity and Earnings Decrease or End

A 1619(a) recipient whose work and earnings fall below SGA will lose eligibility for 1619(a) but may qualify for a new period of eligibility based on disability and be eligible for payments under 1611. Therefore, develop any report of a decrease in work activity or earnings which indicates an end to SGA. If SGA is not found, submit this development with the disability file and a transmittal referring to this POMS section to the DDS as an initial claim (see DI 13010.245). The DDS will develop the disability status and prepare an initial determination (SSA-831-U5) showing if a new SSI period of eligibility based on disability applies. *The recipient will continue to receive benefits under 1619(a) pending the DDS determination.*

If the DDS determines that a new period of eligibility based on disability exists, the FO must start a new record and change the basis of payment from 1619(a) to 1611 for the appropriate months.

If the DDS determines that a new period of eligibility based on disability does not apply, eligibility under 1619(a) terminates with the first month after the 15-month reentitlement period that the recipient did not engage in SGA (see DI 13010.245). Treat benefits paid beginning with the month of termination as overpayments (see GN 02220.000 ff.).

Note that this FO action to develop and submit to the DDS does not require a new application and none should be obtained.

b) Countable Income Becomes Excess for 1619(a) Recipient

If a recipient of special SSI cash benefits under 1619(a) after the 15-month reentitlement period has excess countable income, the special SSI cash benefits must stop. Consider the recipient's status under 1619(b). If the individual qualifies under 1619(b) after the 15-month reentitlement period has ended, he or she cannot again qualify for payments under either 1611 or 1619(a) unless earnings cease to be SGA and a new period of eligibility based on disability can be determined. A new SSI application is not necessary.

Example:

Status Changes Based on Earnings After 15-Month Reentitlement Period

Mr. Cox's 15-month reentitlement period ends March 1985. He has been working with earnings below the SGA level since November 1984. He is receiving SSI benefits under 1611. In July 1985, his earnings increase to the SGA level causing his disability to cease that month. Payments under 1611 terminate immediately since he has already used his grace period. Benefits under 1619(a) begin July 1985.

In March 1986, Mr. Cox missed 2 days work. His earnings dropped below the SGA level and made him potentially eligible for benefits under 1611. The FO developed a new disability claim and continued payment of 1619(a) benefits pending the DDS determination. (A new SSI application is not required). In April 1986, before the DDS decision, Mr. Cox's earnings again increase to the SGA level. Although his medical impairment continues, the DDS determination made in July 1986 does not find a new period of eligibility based on disability since Mr. Cox is working at the SGA level. The FO terminates the 1619(a)eligibility effective March 1986 using payment status code N27. Mr. Cox is ineligible for 1619(b) benefits because his cash benefits did not stop due to excess countable income. He has lost his program connection and cannot be reentitled under 1619 unless he is first found eligible for 1611 benefits. The 1619(a) payments made March 1986 through June 1986 are overpayments subject to recovery.

b. Qualified as SSI Recipient Under 1619(b) When the 15-Month Reentitlement Period Ends

1) SGA STOPS

Benefits under 1619(b) can continue so long as all eligibility factors continue to be met.

As explained above, the FO must develop any report of a decrease in work activity or earnings which indicates an end to SGA after the 15-month period and submit this development to the DDS if SGA is not found. However, the FO cannot authorize any cash benefits pending the DDS determination no matter how certain it is that the recipient is not performing SGA or the extent of the recipient's need for benefits. Report a situation of dire need to the DDS when the disability file is transmitted and request expedited processing and action. Maintain the individual under 1619(b) as an SSI recipient for the purposes of Medicaid pending the DDS determination. Should the DDS determine that a new period of disability exists, start a new record, and authorize payments under 1611 for the appropriate months. The new period of disability makes the recipient eligible for another TWP and EPE.

If the DDS determines the individual is not disabled, continue status as an SSI recipient under 1619(b) unless the DDS also determined that a disabling impairment does not continue when it denied disability (see DI 13010.210).

As explained above, a new application is not required and none should be obtained.

2) DID NOT ENGAGE IN SGA IN 15-MONTH REENTITLEMENT PERIOD

Some individuals who qualify as SSI recipients under 1619(b) during the TWP or the 15-month reentitlement period have never engaged in SGA and therefore did not have their disability cease. In such cases, the individual can have income other than earnings (e.g., title II benefits) which, combined with the earnings, cause excess countable income and stop cash benefits. *These individuals can qualify immediately for cash benefits under 1611 if their countable income decreases* (e.g., the IRWE deduction increases, earnings decrease, or FBR increases). (See DI 13010.210 D.)

B. Income and SGA Status Changes—Blind Recipients

For *blind* recipients, the permissible shifts are between cash benefits under 1611 and SSI recipient status under 1619(b), *in either direction*. Blind recipients are *not* involved in cash benefits under 1619(a) and SGA is *not* a factor which pertains to them. The TWP and EPE provisions do not apply to the blind. For them, the eligibility requirement which causes a shift is countable income. Their countable income can change because of change in earned or unearned income, or in the amounts of excluded income (such as work expenses) or deemed income.

02302.155 Development and Processing of 1619 Cases—General (Pre-July 1987)

A. Processing Work Reports

1. REPORTS OF WORK

The primary way the FO can identify recipients who may be eligible and should be considered under 1619 is from reports of work activity and their development by the FO. These reports of earnings from recipients must be developed by the FO because they can affect both countable income and eligibility status. The FO must determine the recipient's correct status under 1611 and 1619 whether or not the reported estimated gross earnings are high enough to preclude cash benefits under 1611. In order to do this, the FO must determine:

a. The recipient's earnings;
b. The recipient's months of trial work;
c. The ending date of the 15-month reentitlement period within the EPE; and
d. The recipient's months of SGA if work continues after the TWP.

Earnings development must be completed for all recipients in 1611, 1619(a), or 1619(b) status in all States.

2. END OF THE TWP

DI 13010.220 explains how to develop work activity when an individual is near or at the end of the TWP. Because of 1619, development of work activity at the end of the TWP is required whether or not benefits under 1611 were or are payable during the service months. Based upon the results of this development, decide for each month after the TWP if the recipient has or is engaged in SGA, if he or she is expected to continue to be engaging in SGA, and when the 15-month reentitlement period begins and ends. Also consider the known and expected changes in earnings and other income (e.g., title II disability benefits) and in the IRWE deduction and decide if countable income is or is not excess and will or will not change. Assuming there is no medical recovery, the complete range of possibilities for each of the months in the 15-month reentitlement period after the recipient's TWP ends is:

	If Recipient	*Status Is*	*FO Action*
a.	Is not engaged in SGA and has *no* excess countable income and no change is expected in either.	Eligible under 1611 and cash benefits are payable because disability status is unchanged.	
b.	Is engaged in SGA but has *no* excess countable income and *no* change is expected in either.	For the first month of SGA and the next 2 months, benefits are payable under 1611. Thereafter, benefits are payable *only* under 1619(a) providing that the month follows a month that some benefits were payable.	Evaluate per SI 02302.110 and process per SI 02302.115.
c.	Is engaged in SGA *and* has excess countable income and no change is expected in either.	Cannot be paid under 1611 or 1619(a) but may continue in or qualify for status as an SSI recipient under 1619(b).	See SI 02302.120 for requirement for 1619(b). Evaluate per SI 02302.140.
d.	Is engaged in SGA*and* has excess countable income so that c. applies, *but a change is expected for the next month(s):*		

	If Recipient	*Status Is*	*FO Action*
	1) Will stop SGA and no longer have excess countable income because of an expected drop in earned and/or unearned income (e.g., title II benefits) and/or an increase in IRWE deductions;	For this future month, can be paid under 1611, the same as a. above.	Pay under 1611.
	2) Will stop SGA because earnings will decrease and/or IRWE deductions increase but no enough to reduce countable income below excess;	Cannot be paid under 1611 because of excess, cannot be paid under 1619(a) because not in SGA and income is excess, but *continues to be potentially eligible for SSI recipient status under 1619(b).*	Input the SGA and other changes.
	3) Will continue SGA but will *not* have excess countable income.	For this future month, cannot be paud under 1611 (because of SGA) or 1619(a). (Must have a month of eligibility under 1611 before 1619(a) benefits can once again apply.) Continues to qualify for SSI recipient status under 1619(b).	Input the expected income and verify that SGA is posted to prevent erroneous payment.
e.	Is not engaged in SGA, but has excess countable income.	Cannot be paid under 1611 because of excess income, or under 1619(a) because not SGA. May be eligible under 1619(b).	Input earned and unearned income. Evaluate and process per SI 02302.140.

If the DRS or ODO reviewed the disability file and detected an unresolved medical issue, forward the file to the DDS as required, via the transmittal form SSA-5526-U3 or SSA-408. It is important that a recipient who has recovered from his or her impairment is not determined to be eligible under 1619.

Note that a determination that benefits under 1611 are no longer payable because of SGA (see b. above) or are now payable again (see d.1.) requires that the FO prepare an SSA-832-U5 determination of cessation or continuation (see DI 13010.235).

B. Processing Determinations of Changes Because of Nondisability Factors Other Than Income

1. SUSPENSIONS

The FO must enter the nondisability changes that it determines. These adverse actions require an advance notice and must be developed and documented as specified in the appropriate instructions explained in SI 02301.001 ff. In the contact with the recipient when the change is reported and discussed, inform a recipient who was eligible for special SSI cash benefits under 1619(a) or status under 1619(b) that these will not be reinstated, even if the disqualifying status changes in the future, because of the break in payment and/or eligibility. Explain that he or she must again qualify for regular SSI benefits under 1611 in order for SSI payments to be reinstated. Eligibility under 1619 can only resume if he or she received a payment under 1611 for the prior month. This information should be included in the notice.

2. REINSTATEMENTS

Apply the processing rules in the appropriate sections of SI 02301.001 ff. to input the nondisability change, etc., following suspension, in order to show the resumption of eligibility or potential eligibility for benefits under 1611.

C. Appeals

The regulations provide that the determination to continue to pay, to adjust, or to stop payment of special SSI cash benefits under 1619(a) is an initial determination which a recipient can appeal. Similarly, the determination that a recipient maintains status as an SSI recipient under 1619(b) or does not qualify or no longer qualifies is one which a recipient can appeal. The first level of appeal is a reconsideration.

SI 02302.135 explains that a recipient who disagrees with the findings and data used can submit more information and estimates. Reconcile and/or develop this information if this information and/or data could cause the findings to change and be more favorable to the recipient.

harts

2302.200 Charted Threshold Amounts

. Calendar Year 1981—Effective October 1, 1981 Through December 31, 1983

1. STATE-BY STATE THRESHOLD AMOUNTS FOR THE DISABLED

The Federal portion of the base amount for all States is $7,372.80. That, plus 2 times the State supplementary yment level for 1 year to an individual living in his or her own household, equals the base amount.

tate	Twice the Supplement	Base Amount	Title XIX	Threshold
labama	None	$7,372.80	$2,480.00	$9,852.80
laska	$6,264.00	13,636.80	5,760.00	19,396.80
rizona	None	7,372.80	None	7,372.80
rkansas	None	7,372.80	2,520.00	9,892.80
alifornia	5,311.20	12,684.00	3,360.00	16,044.00
olorado	312.00	7,684.80	2,160.00	9,844.80
onnecticut	2,509.20	9,882.00	3,120.00	13,002.00
elaware	None	7,372.80	4,000.00	11,372.80
istrict of Columbia	360.00	7,732.80	5,000.00	12,732.80
orida	None	7,372.80	2,520.00	9,892.80
eorgia	None	7,372.80	2,360.00	9,732.80
awaii	364.80	7,737.60	3,760.00	11,497.60
aho	1,783.20	9,156.00	3,120.00	12,276.00
inois	None	7,372.80	3,120.00	10,492.80
diana	None	7,372.80	3,560.00	10,932.80
wa	None	7,372.80	3,440.00	10,812.80
ansas	None	7,372.80	3,440.00	10,812.80
entucky	None	7,372.80	2,280.00	9,652.80
ouisiana	None	7,372.80	2,520.00	9,892.80
aine	240.00	7,612.80	3,360.00	10,972.80
aryland	None	7,372.80	3,600.00	10,972.80
assachusetts	2,946.96	10,319.76	3,240.00	13,559.76
ichigan	583.20	7,956.00	4,080.00	12,036.00
innesota	816.00	8,188.80	3,680.00	11,868.80
ississippi	None	7,372.80	2,320.00	9,692.80
issouri	None	7,372.80	2,240.00	9,612.80
ontana	None	7,372.80	3,120.00	10,492.80
ebraska	2,239.20	9,612.00	3,120.00	12,732.00
evada	None	7,372.80	3,720.00	11,092.80
ew Hampshire	895.20	8,268.00	3,080.00	11,348.00
ew Jersey	859.20	8,232.00	4,000.00	12,232.00
ew Mexico	None	7,372.80	3,080.00	10,452.80
ew York	1,517.04	8,889.84	6,280.00	15,169.84
orth Carolina	None	7,372.80	2,800.00	10,172.80
orth Dakota	None	7,372.80	3,760.00	11,132.80
hio	None	7,372.80	3,200.00	10,572.80
klahoma	1,896.00	9,268.80	3,040.00	12,308.80
regon	288.00	7,660.80	2,360.00	10,020.80
ennsylvania	777.60	8,150.40	2,320.00	10,470.40
hode Island	1,122.24	8,495.04	2,800.00	11,295.04
outh Carolina	None	7,372.80	2,760.00	10,132.80
outh Dakota	360.00	7,732.80	2,360.00	10,092.80
ennessee	None	7,372.80	2,640.00	10,012.80
exas	None	7,372.80	3,040.00	10,412.80
tah	240.00	7,612.80	2,960.00	10,572.80
ermont	1,053.60	8,426.40	3,520.00	11,946.40
irginia	None	7,372.80	3,200.00	10,572.80
ashington	919.20	8,292.00	2,960.00	11,252.00
est Va.	None	7,372.80	1,880.00	9,252.80
isconsin	2,392.80	9,765.60	3,040.00	12,805.60
yoming	480.00	7,852.80	3,400.00	11,252.80
orthern Mariana Islands	None	7,372.80		372.80

(Did not provide data for the base year)

2. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE BLIND

State	Twice the Supplement	Base Amount	Title XIX	Threshold
California	$5,455.20	$12,828.00	$3,360.00	$16,188.00
Iowa	528.00	7,900.80	3,440.00	11,340.80
Massachusetts	3,795.36	11,168.16	3,240.00	14,408.16
Nevada	2,870.40	10,243.20	3,720.00	13,963.20
Oregon	888.00	8,260.80	2,360.00	10,620.80

B. Calendar Year 1984—Effective January 1, 1984 Through December 31, 1984

1. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE DISABLED

The Federal portion of the base amount for all States is $8,556.00. That, plus 2 times the State supplementary payment level for 1 year to an individual living in his or her own household equals the base amount.

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Alabama	None	$8,556.00	$1,926.36	$10,482.36
Alaska	$6,048.00	14,604.00	6,873.46	21,477.46
Arizona	None	8,556.00	None	8,556.00
Arkansas	None	8,556.00	2,733.79	11,289.79
California	5,136.00	13,692.00	2,375.91	16,067.91
Colorado	96.00	8,652.00	7,407.47	16,059.47
Connecticut	3,650.40	12,206.40	2,982.94	15,189.34
Delaware	None	8,556.00	3,638.88	12,194.88
District of Columbia	360.00	8,916.00	5,469.48	14,385.48
Florida	None	8,556.00	2,480.49	11,036.49
Georgia	None	8,556.00	2,591.26	11,147.26
Hawaii	117.60	8,673.60	4,047.92	12,721.52
Idaho	2,112.00	10,668.00	1,443.63	12,111.63
Illinois	None	8,556.00	3,349.11	11,905.11
Indiana	None	8,556.00	5,961.39	14,517.39
Iowa	None	8,556.00	4,647.30	13,203.30
Kansas	None	8,556.00	5,571.53	14,127.53
Kentucky	None	8,556.00	2,171.06	10,727.06
Louisiana	None	8,556.00	3,961.42	12,517.42
Maine	240.00	8,796.00	2,871.84	11,667.84
Maryland	None	8,556.00	2,573.33	11,129.33
Massachusetts	2,745.36	11,301.36	4,248.43	15,549.79
Michigan	583.20	9,139.20	3,771.63	12,910.83
Minnesota	840.00	9,396.00	9,717.43	19,113.43
Mississippi	None	8,556.00	1,608.20	10,164.20
Missouri	None	8,556.00	1,471.73	10,027.73
Montana	None	8,556.00	3,259.63	11,815.63
Nebraska	1,788.00	10,344.00	4,494.43	14,838.43
Nevada	None	8,556.00	7,037.03	15,593.03
New Hampshire	648.00	9,204.00	2,337.57	11,541.57
New Jersey	700.08	9,256.08	3,651.46	12,907.54
New Mexico	None	8,556.00	2,712.91	11,268.91
New York	1,461.84	10,017.84	5,478.02	15,495.86
North Carolina	None	8,556.00	2,973.20	11,529.20
North Dakota	None	8,556.00	4,581.23	13,137.23
Ohio	None	8,556.00	4,581.40	13,137.40
Oklahoma	1,656.00	10,212.00	2,675.84	12,887.84
Oregon	40.80	8,596.00	2,622.89	11,218.89
Pennsylvania	777.60	9,333.60	3,623.52	12,957.12
Rhode Island	1,247.52	9,803.52	3,551.12	13,354.64
South Carolina	None	8,556.00	1,744.45	10,300.45
South Dakota	360.00	8,916.00	5,053.21	13,969.21
Tennessee	None	8,556.00	2,298.22	10,854.22
Texas	None	8,556.00	4,080.10	12,636.10
Utah	240.00	8,796.00	5,803.77	14,599.77
Vermont	1,200.00	9,756.00	4,742.13	14,498.13
Virginia	None	8,556.00	3,468.09	12,024.09
Washington	919.20	9,475.20	4,998.81	14,474.01
West Virginia	None	8,556.00	1,239.68	9,795.68
Wisconsin	2,392.80	10,948.80	4,922.82	15,871.62

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Wyoming	480.00	9,036.00	3,764.53	12,800.53
Northern Mariana Is.	None	8,556.00		

2. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE BLIND

State	Twice the Supplement	Base Amount	Title XIX	Threshold
California	$5,304.00	$13,860.00	$2,375.91	$16,235.91
Iowa	528.00	9,084.00	4,647.30	13,731.30
Massachusetts	3,593.76	12,149.76	4,248.43	16,398.19
Nevada	2,623.20	11,179.20	7,037.03	18,216.23
Oregon	640.80	9,196.80	2,622.89	11,819.69

C. Calendar Year 1985—Effective January 1, 1985 Through December 31, 1985

1. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE DISABLED

The Federal portion of the base amount for all States is $8,820.00. That, plus 2 times the State supplementary payment level for 1 year to an individual living in his or her own household equals the base amount. The threshold amounts effective January 1, 1985, apply for evaluation purposes from that date until December 31, 1985.

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Alabama	None	$8,820.00	$1,802.00	$10,622.00
Alaska	$6,264.00	15,084.00	11,457.00	26,541.00
Arizona	None	8,820.00	None	8,820.00
Arkansas	None	8,820.00	2,673.00	11,493.00
California	5,592.00	14,412.00	2,378.00	16,790.00
Colorado	96.00	8,976.00	7,620.00	16,596.00
Connecticut	3,376.80	12,196.80	3,292.00	15,488.80
Delaware	None	8,820.00	3,801.00	12,621.00
District of Columbia	360.00	9,180.00	4,305.00	13,485 00
Florida	None	8,820.00	2,521.00	11,341.00
Georgia	None	8,820.00	2,744.00	11,564.00
Hawaii	117.60	8,937.60	3,499.00	12,436.60
Idaho	1,872.00	10,692.00	1,981.00	12,673.00
Illinois	None	8,820.00	4,970.00	13,790.00
Indiana	None	8,820.00	5,873.00	14,693.00
Iowa	None	8,820.00	4,190.00	13,010.00
Kansas	None	8,820.00	3,325.00	12,145.00
Kentucky	None	8,820.00	1,924.00	10,744.00
Louisiana	None	8,820.00	3,920.00	12,740.00
Maine	240.00	9,060.00	3,011.00	12,071.00
Maryland	None	8,820.00	2,760.00	11,580.00
Massachusetts	2,745.36	11,565.36	5,090.00	16,655.36
Michigan	640.80	9,460.80	4,008.00	13,468.80
Minnesota	840.00	9,660.00	9,987.00	19,647.00
Mississippi	None	8,820.00	1,603.00	10,423.00
Missouri	None	8,820.00	1,644.00	10,464.00
Montana	None	8,820.00	2,542.00	11,362.00
Nebraska	1,644.00	10,464.00	4,592.00	15,056.00
Nevada	None	8,820.00	5,799.00	14,619.00
New Hampshire	648.00	9,468.00	4,092.00	13,560.00
New Jersey	750.00	9,570.00	3,885.00	13,455.00
New Mexico	None	8,820.00	3,466.00	12,128.60
New York	1,461.84	10,281.84	5,811.00	16,092.84
North Carolina	None	8,820.00	3,621.00	12,441.00
North Dakota	None	8,820.00	6,224.00	15,044.00
Ohio	None	8,820.00	4,574.00	13,394.00
Oklahoma	1,440.00	10,260.00	2,462.00	12,722.00
Oregon	40.80	8,860.80	2,504.00	11,364.80
Pennsylvania	777.60	9,597.60	3,735.00	13,332.60
Rhode Island	1,291.20	10,111.20	3,450.00	13,561.20
South Carolina	None	8,820.00	1,857.00	10,677.00
South Dakota	360.00	9,180.00	6,238.00	15,418.00

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Tennessee	None	8,820.00	2,310.00	11,130.00
Texas	None	8,820.00	4,029.00	12,849.00
Utah	240.00	9,060.00	6,286.00	15,346.00
Vermont	1,272.00	10,092.00	4,853.00	14,945.00
Virginia	None	8,820.00	3,221.00	12,041.00
Washington	919.20	9,739.20	9,987.00	19,726.20
West Virginia	None	8,820.00	1,081.00	9,901.00
Wisconsin	2,392.80	11,212.80	4,398.00	15,610.80
Wyoming	480.00	9,300.00	3,857.00	13,157.00
Northern Mariana Is.	None	8,820.00		

2. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE BLIND

State	Twice the Supplement	Base Amount	Title XIX	Threshold
California	$5,760.00	$14,580.00	$2,378.00	$16,958.00
Iowa	528.00	9,348.00	4,190.00	13,538.00
Massachusetts	3,593.76	12,413.76	5,090.00	17,503.76
Nevada	2,623.20	11,443.20	5,799.00	17,242.20
Oregon	640.80	9,460.80	2,504.00	11,964.80

D. Calendar Year 1986 Effective January 1, 1986, Through December 31, 1987

1. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE DISABLED

The Federal portion of the base amount for all States is $9,084.00. That, plus 2 times the State supplementary payment level for 1 year to an individual living in his or her own household equals the base amount. The threshold amounts effective January 1, 1986, apply for evaluation purposes from that date until December 31, 1987

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Alabama	None	$9,084.00	**$1,750.00	$10,834.00
Alaska	$6,456.00	15,540.00	12,042.00	27,582.00
Arizona	None	9,084.00	None	9,084.00
Arkansas	None	9,084.00	2,903.00	11,987.00
California	6,096.00	15,180.00	2,746.00	17,926.00
Colorado	96.00	9,180.00	**6,443.00	15,623.00
Connecticut	3,495.12	12,579.12	**3,225.00	15,804.12
Delaware	None	9,084.00	**3,573.00	12,657.00
District of Columbia	360.00	9,444.00	8,029.00	17,473.00
Florida	None	9,084.00	2,615.00	11,699.00
Georgia	None	9,084.00	2,884.00	11,968.00
Hawaii	117.60	9,201.60	3,789.00	12,990.60
Idaho	*1,728.00	10,812.00	1,997.00	12,809.00
Illinois	None	9,084.00	5,374.00	14,458.00
Indiana	None	9,084.00	6,389.00	15,473.00
Iowa	None	9,084.00	4,340.00	13,424.00
Kansas	None	9,084.00	4,513.00	13,597.00
Kentucky	None	9,084.00	2,607.00	11,691.00
Louisiana	None	9,084.00	**3,763.00	12,847.00
Maine	240.00	9,324.00	3,048.00	12,372.00
Maryland	None	9,084.00	3,046.00	12,130.00
Massachusetts	2,745.36	11,829.36	5,350.00	17,179.36
Michigan	667.20	9,751.20	**3,632.00	13,383.20
Minnesota	840.00	9,924.00	**9,496.00	19,420.00
Mississippi	None	9,084.00	**1,373.00	10,457.00
Missouri	None	9,084.00	1,843.00	10,927.00
Montana	None	9,084.00	4,247.00	13,331.00
Nebraska	*1,500.00	10,584.00	**4,568.00	15,152.00
Nevada	None	9,084.00	**5,481.00	14,565.00
New Hampshire	648.00	9,732.00	4,665.00	14,397.00
New Jersey	750.00	9,834.00	4,282.00	14,116.00
New Mexico	None	9,084.00	3,703.00	12,787.00
New York	1,725.84	10,809.84	6,465.00	17,274.84
North Carolina	None	9,084.00	3,754.00	12,838.00
North Dakota	None	9,084.00	7,639.00	16,723.00
Ohio	None	9,084.00	**4,519.00	13,603.00

tate	Twice the Supplement	Base Amount	Title XIX	Threshold
klahoma	1,537.92	10,621.92	2,657.00	13,278.92
regon	40.80	9,124.80	2,551.00	11,675.80
ennsylvania	777.60	9,861.60	**3,502.00	13,363.60
hode Island	1,332.00	10,416.00	3,626.00	14,042.00
outh Carolina	None	9,084.00	2,005.00	11,089.00
outh Dakota	360.00	9,444.00	**5,911.00	15,355.00
ennessee	None	9,084.00	2,340.00	11,424.00
exas	None	9,084.00	**4,011.00	13,095.00
tah	240.00	9,324.00	**5,548.00	14,872.00
ermont	1,377.60	10,461.60	**4,526.00	14,987.60
irginia	None	9,084.00	3,504.00	12,588.00
ashington	*672.00	9,756.20	12,042.00	21,798.00
est Virginia	None	9,084.00	1,302.00	10,386.00
isconsin	2,440.80	11,524.80	**4,298.00	15,822.80
yoming	480.00	9,564.00	**2,646.00	12,210.00
orthern Mariana Is.	None	9,084.00	1,302.00	10,386.00

*State supplement lower than 1985

**Title XIX amount lower than 1985

2. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE BLIND

tate	Twice the Supplement	Base Amount	Title XIX	Threshold
alifornia	$6,264.00	$15,348.00	$2,746.00	$18.094.00
wa	528.00	9,612.00	4,340.00	13,952.00
assachusetts	3,593.76	12,677.76	5,350.00	18,027.76
evada	2,623.20	11,707.20	**5,481.00	17,188.20
regon	640.80	9,724.80	2,551.00	12,275.80

**Title XIX amount lower than 1985

E. Calendar Year 1988—Effective January 1, 1988 and Continuing

1. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE DISABLED

The Federal portion of the base amount for all States is $9,180.00. That, plus 2 times the State supplementary yment level for 1 year to an individual living in his or her own household equals the base amount. The reshold amounts effective January 1, 1988, apply for evaluation purposes from that date until further notice.

tate	Twice the Supplement	Base Amount	Title XIX	Threshold
labama	None	$ 9,180.00	$ 1,939.00	$11,119.00
laska	$7,008.00	16,188.00	13,116.00	29,304.00
rizona	None	9,180.00	None	9,180.00
rkansas	None	9,180.00	3,650.00	12,830.00
alifornia	6,720.00	15,900.00	2,912.00	18,812.00
olorado	96.00	9,276.00	**6,284.00	15,560.00
onnecticut	3,495.12	12,675.12	3,485.00	16,160.12
elaware	None	9,180.00	4,211.00	13,391.00
istrict of Columbia	360.00	9,540.00	**4,993.00	14,533.00
lorida	None	9,180.00	3,063.00	12,243.00
eorgia	None	9,180.00	3,054.00	12,234.00
awaii	117.60	9,297.60	**3,706.00	13,003.60
laho	1,752.00	10,932.00	2,203.00	13,135.00
linois	None	9,180.00	**5,193.00	14,373.00
diana	None	9,180.00	6,563.00	15,743.00
wa	None	9,180.00	4,507.00	13,687.00
ansas	None	9,180.00	**3,927.00	13,107.00
entucky	None	9,180.00	2,654.00	11,834.00
ouisiana	None	9,180.00	3,903.00	13,083.00
laine	240.00	9,420.00	3,967.00	13,387.00
laryland	one	9,180.00	3,664.00	12,844.00
lassachusetts	2,745.36	11,925.36	6,060.00	17,985.36
lichigan	700.80	9,880.80	4,032.00	13,912.80
linnesota	840.00	10,020.00	10,451.00	20,471.00
lississippi	None	9,180.00	1,940.00	11,120.00
lissouri	None	9,180.00	**1,706.00	10,886.00
lontana	None	9,180.00	4,640.00	13,820.00

State	Twice the Supplement	Base Amount	Title XIX	Threshold
Nebraska	*1,224.00	10,404.00	4,669.00	15,073.00
Nevada	None	9,180.00	5,826.00	15,006.00
New Hampshire	648.00	9,828.00	6,538.00	16,366.00
New Jersey	750.00	9,930.00	4,820.00	14,750.00
New Mexico	None	9,180.00	**3,406.00	12,586.00
New York	1,725.84	10,905.84	6,950.00	17,855.84
North Carolina	None	9,180.00	4,115.00	13,295.00
North Dakota	None	9,180.00	**7,420.00	16,600.00
Ohio	None	9,180.00	5,209.00	14,389.00
Oklahoma	1,536.00	10,716.00	2,697.00	13,413.00
Oregon	40.80	9,220.80	2,795.00	12,015.80
Pennsylvania	777.60	9,957.60	3,617.00	13,574.60
Rhode Island	1,348.80	10,528.80	3,923.00	14,451.80
South Carolina	None	9,180.00	2,491.00	11,671.00
South Dakota	360.00	9,540.00	**5,901.00	15,441.00
Tennessee	None	9,180.00	2,813.00	11,993.00
Texas	None	9,180.00	4,270.00	13,450.00
Utah	*211.20	9,391.20	6,090.00	15,481.20
Vermont	1,377.60	10,557.60	4,748.00	15,305.60
Virginia	None	9,180.00	3,673.00	12,853.00
Washington	672.00	9,852.00	13,116.00	22,968.00
West Virginia	None	9,180.00	**1,147.00	10,327.00
Wisconsin	2,440.80	11,620.80	**3,877.00	15,497.80
Wyoming	480.00	9,660.00	2,913.00	12,573.00
Northern Mariana Is.	None	9,180.00	**1,147.00	10,327.00

*State supplement lower than 1986

**Title XIX amount lower than 1986

2. STATE-BY-STATE THRESHOLD AMOUNTS FOR THE BLIND

State	Twice the Supplement	Base Amount	Title XIX	Threshold
California	$6,888.00	$16,068.00	$2,912.00	$18,980.00
Iowa	528.00	9,708.00	4,507.00	14,215.00
Massachusetts	3,593.76	12,773.76	6,060.00	18,833.76
Nevada	2,623.20	11,803.20	5,826.00	17,629.20
Oregon	640.80	9,820.80	2,795.00	12,615.80

Exhibits

02302.300 Individualized Threshold Calculation Worksheet

Name _____ SSN _____

1619 Threshold Test
Individualized Calculation Worksheet
for 12-Month Period Beginning ____/____
(mo) (yr)

(a) Enter appropriate BASE AMOUNT from threshold chart, (SI 02302.200, 3rd column). $ _____

(b)(1) Enter appropriate TITLE XIX amount from threshold chart (SI 02302.200, 4th column). $ _____

(2) Enter the individual's ACTUAL MEDICAID EXPENDITURES for the 12 months ((italics) previous (italics-end)) to the computation period. $ _____

(3) Enter the LARGER of line (b)(1) or (b)(2). $ _____

(c) Enter qualified IRWE for computation period. $ _____

(d) Enter BWE for computation period. $ _____

(e) Enter income excludable under an approved PASS for computation period. $ _____

(f) Enter amount of publicly funded ATTENDANT/ PERSONAL CARE for computation period. $ _____

(g) Total of lines (a) through (f). $ _____

(h) Enter GROSS EARNED INCOME for computation period. $ _____

Compare line (g) to line (h). If the amounts are equal, or if (g) is larger, the individual is eligible under the threshold test. If (h) is larger, the individual is not eligible under the threshold test.

KEEP THIS WORKSHEET IN THE INDIVIDUAL'S FILE.

02302.310 Sample Notices—1619 Benefits (Noninstitutional)

Notice Number	*Manual or Automated*	*Form*	*Situation*
1	Automated	SSA-L8155	Notify recipient of potential 1619(b) when 1611 or 1619(a) payments cease
2-A	Automated	SSA-L8166	1619(b) eligibility in State which used SSI criteria for Medicaid
2-B	Automated	SSA-L8166	Same a #2-A, in State which uses more restrictive criteria for Medicaid
2-C	Automated	SSA-L8025	Initial award, recipient already in 1619(b), meets "use" test in State using SSI criteria
2-D	Automated	SSA-L8025	Same as #2-C, in State using more restrictive criteria
3	Automated	SSA-L8166	Earnings stop cash payments, not eligible for 1619(b) under "use" test
4	Automated	SSA-L8166	Same as 3, not eligible under "threshold" test
5	Manual	SSA-L8165	Informational notice about potential 1619 eligibility sent the first time gross earnings reach $200 or more
6	Manual	SSA-L8165	Informational notice about potential 1619 eligibility sent with manual award notice as an enclosure

Situation #1

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: October 20, 1987

Claim Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

Type of Eligibility
Individual--Disabled

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are changing your payments for both past and future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
September 01, 1987	Continuing	$.00

We will stop your payment as shown above beginning December 1987.

Why Your Payments Changed

Because of your income, you are not eligible to receive Supplemental Security Income payments for September 1987 on.

Your SSI Is Based On These Facts

You have monthly income which must be considered in figuring your eligibility as follows:

- Your Social Security benefits--before deductions for Medicare premiums, if any--of $140.00 for September 1987 on.
- Your wages of $530.00 for September 1987 on.

SITUATION # 1 (CONT.)

XXX-XX-XXXX
Page 2

10/20/87

Information About Medicaid

You may be getting Medicaid from your State. If you are, you may be able to keep your Medicaid coverage, even though your SSI checks are stopping.

We will be in touch with you soon about your Medicaid coverage. In the meantime, your Medicaid coverage should not change until we talk to you.

For information about any change in your Medicaid eligibility caused by this action, you should get in touch with the local County Welfare Department.

Things To Remember

- We may be in touch with you later about any payments we previously made.
- This determination replaces all previous determinations for the above periods.
- Even though you are not due payment, you are still considered to be eligible under the Supplemental Security Income program. You should report any event that might affect your eligibility or allow you to receive payments again.

Do You Think We're Wrong

If you think we're wrong, you have the right to appeal. We'll correct mistakes. We'll look at any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You'll have to have a good reason for waiting more than 60 days.
- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

SITUATION # 1 (CONT.)

XXX-XX-XXXX
Page 3

10/20/87

Appeal In 10 Days To Keep Getting Your Same Check

- We won't change your check if you appeal within 10 days.
- The 10 days start the day after you get this letter.
- If you lose your appeal, you might have to pay back some or all of the money.

How To Appeal

There are three ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case.
- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- Formal conference. This is a meeting like an informal conference. The difference is we can make people come to prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

SITUATION # 1 (CONT.)

XXX-XX-XXXX
Page 4

10/20/87

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office please bring this letter. It will help us answer your questions.

Herbert R. Doggette, Jr.
Deputy Commissioner
for Operations

NOTE: The bracketed language is the newly cleared notice language for section 1619.

Fill-ins:

Under the caption "Information About Medicaid" the 3rd paragraph is underlined in the example to show that it is a fill-in. It is existing paragraph 1152, and will be used only if a State makes it own Medicaid determinations. The agency to contact will be the name of the agency designated by the State (the existing fill-ins to paragraph 1152).

In States with Federal Medicaid determinations, paragraph 1152 will not be sent. This caption will be followed by only the first 2 paragraphs shown.

Situation #2-A

Social Security Administration
Supplemental Security Income
Important Information

SITUATION # 2-A

Date: November 23, 1987

Claim Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

Type of Eligibility
Individual--Disabled

Infomation About Medicaid

You will still get Medicaid even though your SSI checks have stopped. Your coverage will continue because you qualify for Medicaid under special SSI rules.

Please Remember This

Even though you are not getting SSI checks now, you should report any change that might let us start your checks again. You also need to report any change that might affect your Medicaid coverage. This is a list of some changes you should report.

- If your income changes, by going up or down, you should let us know.
- If the money, property and other things you own increases, please let us know.
- If your address changes, or if other people move either into or out of your household, you should let us know.

We Will Review your Case

Since you qualify for Medicaid based on SSI rules, we will review your case within 12 months to see if you are still disabled under our rules.

When we do this, we will only look to see if your health has improved. We will not consider the amount of your earnings when we decide if you are still disabled.

SSA-L8166

SITUATION # 2-A (CONT.)

XXX-XX-XXXX
Page 2

11/23/87

Do You Think We're Wrong

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You'll have to have a good reason for waiting more than 60 days.
- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.
- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

SITUATION # 2-A (CONT.)

XXX-XX-XXXX
Page 3

11/23/87

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office please bring this letter. It will help us answer your questions.

Herbert R. Doggette, Jr.
Deputy Commissioner
for Operations

NOTE: The bracketed language is the newly cleared notice language for section 1619.

Fill-ins Under the Caption "We Will Review Your Case"

1. The underlined "within 12 months" will be used when 1611 payments convert to 1619(b) status.

   When 1619(a) status is replaced by 1619(b) status, the fill-in is "soon".

2. When the recipient is blind, the word "blind" will be used instead of the word "disabled".

Situation #2-B

Social Security Administration
Supplemental Security Income
Important Information

SITUATION # 2-B

Date: January 18, 1988

Claim Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

Type of Eligibility
Individual--Disabled

Infomation About Medicaid

You may be able to qualify for Medicaid based on SSI rules, even though your SSI checks have stopped. Your State will make the final decision, and they should be doing this soon.

The people in your State have to look to see if you had Medicaid coverage when you were last due SSI checks. If you did, then your Medicaid coverage will continue, even though your SSI checks have stopped.

Please Remember This

Even though you are not getting SSI checks now, you should report any change that might let us start your checks again. You also need to report any change that might affect your Medicaid coverage. This is a list of some changes you should report.

- If your income changes, by going up or down, you should let us know.
- If the money, property and other things you own increases, please let us know.
- If your address changes, or if other people move either into or out of your household, you should let us know.

SITUATION # 2-B (CONT.)

XXX-XX-XXXX
Page 2

01/18/88

We Will Review your Case

Since you may qualify for Medicaid based on SSI rules, we will review your case soon to see if you are still disabled under our rules.

When we do this, we will only look to see if your health has improved. We will not consider the amount of your earnings when we decide if you are still disabled.

Do You Think We're Wrong

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You'll have to have a good reason for waiting more than 60 days.
- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.
- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other

Situation #2-B (Page 3)

SITUATION # 2-B (CONT.)

XXX-XX-XXXX
Page 3

01/18/88

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office please bring this letter. It will help us answer your questions.

Herbert R. Doggette, Jr.
Deputy Commissioner
for Operations

NOTE: The bracketed language is the newly cleared notice language for section 1619.

Fill-ins Under the Caption "We Will Review Your Case"

1. The underlined "soon" will be used when 1619(a) status is replaced by 1619(b) status.

   When 1611 status is converted to 1619(b) status, the fill-in is "within 12 months" is used.

2. When the recipient is blind, the word "blind" will be used instead of the word "disabled".

Situation #2-C

Social Security Administration
Supplemental Security Income
Notice of Award

SITUATION # 2-C

Date: October 10, 1987

Claim Number:
XXX-XX-XXXX DI

Claimant Name
Street Address
City/State/ZIP Code

Application Filed
March 1, 1987

Type of Eligibility
Individual--Disabled

This is to notify you that you are eligible to receive Supplemental Security Income payments under the provisions of Title XVI of the Social Security Act. The rest of this letter will tell you more about our decision.

How Much We'll Pay

Beginning	Through	Monthly Amount Payable
March 1, 1987	August 31, 1987	$340.00
September 1, 1987	Continuing	$.00

Information About Your Payments

We may be in touch with you about money that may be due for earlier months.

Your SSI Is Based On These Facts

- You were disabled in March 1987 on.
- You were living in the State of Maryland for March 1987 on.
- Your have monthly income which must be considered in figuring your payment as follows:

  --Your wages of $885 for September 1987 on.

- Because of your income, you are not eligible to receive Supplemental Security Income payments for September 1987 on.

SSA-L8025

SITUATION # 2-C (CONT.)

XXX-XX-XXXX
Page 2

10/10/87

Things to Remember

- Payments may change if your circumstances change. Therefore, you are required to report any changes in your situation that may affect your Supplemental Security Income payment. For example, you should tell us if you move, if anyone else moves from or into your household, if your marital status changes, if income or resources for you or members of your household change, if your medical condition improves or if you go to work. Read the booklet--What You Have to Know About SSI--carefully for additional information about this requirement.

- The doctors and other trained personnel who decided that you are disabled expect your health to improve. Therefore, we will review your case in August 1988. We will send you a letter before we start the review. Based on that review, your SSI will continue if you are still disabled. But it will end if you are no longer disabled.

Information About Medicaid

Even though you are not getting SSI checks now, you do qualify for Medicaid based on SSI rules. For that reason, you need to report any change that might affect your Medicaid coverage. You should also report any changes that might let us start your checks again. This is a list of some changes you should report.

- If your income changes, by going up or down, you should let us know.

- If the money, property and other things you own increases, please let us know.

- If your address changes, or if other people move either into or out of your household, you should let us know.

We Will Review Your Case

Since you qualify for Medicaid based on SSI rules, we will review your case within 12 months to see if you are still disabled under our rules.

Situation #2-C (Page 3)

SITUATION # 2-C (Cont.)

XXX-XX-XXXX
Page 3

10/10/87

When we do this, we will only look to see if your health has improved. We will not consider to amount of your earnings when we deicde if you are still disabled.

Do You Think We're Wrong

If you think we're wrong, you have the right to appeal. We'll correct mistakes. We'll look at any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You'll have to have a good reason for waiting more than 60 days.
- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.
- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

SITUATION # 2-C (Cont.)

XXX-XX-XXXX
Page 4

10/10/87

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

We are sending you a pamphlet which contains important information you should know. The pamphlet is called "What You Have To Know About SSI".

Dorcas R. Hardy
Commissioner
of Social Security

ENCLOSURE

NOTE: The bracketed language is the newly cleared notice language for section 1619.

Fill-ins Under the Caption "We Will Review Your Case"

1. The underlined "within 12 months" will be used when 1611 payments convert to either 1619(a) or 1619(b) status.

   When 1619(a) status is replaced by 1619(b) status, the fill-in is "soon".

2. When the recipient is blind, the word "blind" will be used instead of the word "disabled".

Situation #2-D

Social Security Administration
Supplemental Security Income
Notice of Award

SITUATION # 2-D

Date: October 10, 1987

Claimant Name
Street Address
City/State/ZIP Code

Claim Number:
XXX-XX-XXXX DI

Application Filed
March 1, 1987

Type of Eligibility
Individual--Disabled

This is to notify you that you are eligible to receive Supplemental Security Income payments under the provisions of Title XVI of the Social Security Act. The rest of this letter will tell you more about our decision.

How Much We'll Pay

Beginning	Through	Monthly Amount Payable
March 1, 1987	August 31, 1987	$340.00
September 1, 1987	Continuing	$.00

Information About Your Payments

We may be in touch with you about money that may be due for earlier months.

Your SSI Is Based On These Facts

- You were disabled in March 1987 on.
- You were living in the State of Connecticut for March 1987 on.
- Your have monthly income which must be considered in figuring your payment as follows:

  --Your wages of $885 for September 1987 on.

- Because of your income, you are not eligible to receive Supplemental Security Income payments for September 1987 on.

SSA-L8025

SITUATION # 2-D (CONT.)

XXX-XX-XXXX
Page 2

10/10/87

Things to Remember

- Payments may change if your circumstances change. Therefore, you are required to report any changes in your situation that may affect your Supplemental Security Income payment. For example, you should tell us if you move, if anyone else moves from or into your household, if your marital status changes, if income or resources for you or members of your household change, if your medical condition improves or if you go to work. Read the booklet--What You Have to Know About SSI--carefully for additional information about this requirement.

- The doctors and other trained personnel who decided that you are disabled expect your health to improve. Therefore, we will review your case in August 1988. We will send you a letter before we start the review. Based on that review, your SSI will continue if you are still disabled. But it will end if you are no longer disabled.

Information About Medicaid

Even though you are not getting SSI checks now, you may qualify for Medicaid based on SSI rules. The people in your State will make the final decision, and they should be doing this soon.

They have to check to see if you had Medicaid coverage when you were last due SSI checks. If you did, then your Medicaid coverage will continue, even though your SSI checks have stopped because of your work.

Because you qualify for Medicaid based on SSI rules, you need to report any change that might affect your Medicaid coverage. You should also report any changes that might let us start your checks again. This is a list of some changes you should report.

- If your income changes, by going up or down, you should let us know.

- If the money, property and other things you own increases, please let us know.

- If your address changes, or if other people move either into or out of your household, you should let us know.

Situation #2-D (Page 3)

SITUATION # 2-D (CONT.)

XXX-XX-XXXX
Page 3

10/10/87

We Will Review Your Case

Since you qualify for Medicaid based on SSI rules, we will review your case within 12 months to see if you are still disabled under our rules.

When we do this, we will only look to see if your health has improved. We will not consider the amount of your earnings when we decide if you are still disabled.

Do You Think We're Wrong

If you think we're wrong, you have the right to appeal. We'll correct mistakes. We'll look at any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You'll have to have a good reason for waiting more than 60 days.
- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.
- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

SITUATION # 2-D (CONT.)

XXX-XX-XXXX
Page 4

10/10/87

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

We are sending you a pamphlet which contains important information you should know. The pamphlet is called "What You Have To Know About SSI".

Dorcas R. Hardy
Commissioner
of Social Security

ENCLOSURE

NOTE: The bracketed language is the newly cleared notice language for section 1619.

Fill-ins Under the Caption "We Will Review Your Case"

1. The underlined "within 12 months" will be used when 1611 payments convert to 1619(b) status.

   When 1619(a) status is replaced by 1619(b) status, the fill-in is "soon".

2. When the recipient is blind, the word "blind" will be used instead of the word "disabled".

Situation #3

Social Security Administration
Supplemental Security Income
Important Information

SITUATION # 3

Date: October 10, 1987

Recipient Name
Street Address
City/State/ZIP Code

Claim Number:
XXX-XX-XXXX BI

Type of Eligibility
Individual--Blind

Infomation About Medicaid

We have decided that you are not eligible for Medicaid based on SSI rules. This decision is based on facts you gave us about how often you expect to use Medicaid.

Your State may be able to help you with other kinds of medical assistance. You can contact the local County Welfare Department at any time to see if the people there can help you with your medical expenses.

Please Remember This

In the future you may qualify again for SSI or for Medicaid based on SSI rules. This could happen if one of the following is true.

- You meet the rules for getting SSI checks again.

OR

- You need more help in paying for your medical expenses.

If either or both of these things is true, please contact us right away. This is important, because if we can start your SSI checks by September 1988, you will not have to file a new claim.

Do You Think We're Wrong

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.

SSA-L8166

Situation #3 (Page 2)

SITUATION # 3 (CONT.)

XXX-XX-XXXX
Page 2

10/10/87

- o You'll have to have a good reason for waiting more than 60 days.

- o To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- o Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.

- o Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office please bring this letter. It will help us answer your questions.

Herbert R. Doggette, Jr.
Deputy Commissioner
for Operations

NOTE: The bracketed language is the newly cleared notice language for section 1619.

The Month/Year ("March 1988" in the sample notice) is a fill-in. It is the 12th month following the last month an SSI payment is due.

Situation #4

Social Security Administration
Supplemental Security Income
Important Information

SITUATION # 4

Date: October 10, 1987

Claim Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

Type of Eligibility
Individual--Disabled

Infomation About Medicaid

We have decided that you are not eligible for Medicaid based on SSI rules. You are not eligible because you are able to pay for your medical expenses with your income. This decision is based on facts you gave us about your earnings, health problems, and medical expenses.

Your State may be able to help you with other kinds of medical assistance. You can contact the local County Welfare Department at any time to see if the people there can help you with your medical expenses.

Please Remember This

In the future you may think you qualify again for SSI or for Medicaid based on SSI rules. This could happen if one of the following is true.

- You meet the rules for getting SSI checks again.

OR

- You need more help in paying for your medical expenses.

If either or both of these things is true, please contact us right away. This is important, because if we can start your SSI checks by September 1988, you will not have to file a new claim.

Do You Think We're Wrong

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.

SSA-L8166

10/10/87

- You'll have to have a good reason for waiting more than 60 days.

- To appeal, you must fill out a form called "Request for Reconsideration." The form is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have the right to review the facts in your file. You can give us more facts to add to your file. Then, we'll decide your case again. You won't meet with the person who decides your case This is the only kind of appeal you can have to appeal a medical decision.

- Informal conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office please bring this letter. It will help us answer your questions.

Herbert R. Doggette, Jr.
Deputy Commissioner
for Operations

NOTE: The Month/Year ("September 1988" in the sample notice) is a fill-in. It is the 12th month following the last month an SSI payment is due.

Situation #5

Supplemental Security Income Notice of Decision

From: Department of Health and Human Services
Social Security Administration

Field Office Address
and Phone Number

Date: August 21, 1986

Social Security Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

We are writing to tell you about some special rules that can help you while you are working.

These special rules can help you keep some SSI payment and Medicaid while you are working or if you start earning more money than you are now.

The rules work this way:

- Your SSI checks will go down as the amount of money you earn goes up.
- If your income gets too high and we have to stop your SSI checks, you may be able to keep your Medicaid as long as you need it. If your income goes down later, we can send you checks. You may not have to file a new SSI application to get checks started again.
- If your income gets high enough to stop your Medicaid, you may be able to get it again if your income goes down later. You may not have to file a new SSI application to get Medicaid started again.

If you qualify for these special rules, we will review your case to see if you are still disabled or blind under our rules. When we do this, we will only look to see if your health problems have improved. We will not consider the amount of money you earn in deciding if you are still disabled or blind.

Remember . . . if you are disabled or blind and are thinking about working or earning more than you do now, the SSI rules can help you. The rules let you keep your SSI and Medicaid while you try to become independent.

See other side for important information ▶

uation #5 (Back)

GET IN TOUCH WITH SOCIAL SECURITY IF:

- You have any questions.
- You want more information about this case.

Call or write to our office if you have questions or need more information. If you like, come to our office and someone will help you. Please bring this notice with you if you come to a Social Security office.

Situation #6

Supplemental Security Income Notice of Decision

From: Department of Health and Human Services
Social Security Administration

Field Office Address
and Phone Number

Date:

Recipient Name
Street Address
City/State/ZIP Code

Social Security Number:
XXX-XX-XXXX DI

If you are blind or disabled and are receiving supplemental security income (SSI), there are some special rules you should know about. These special rules make it possible for you to work and still receive SSI payments and Medicaid coverage.

I have listed below some of the questions you might ask about this and the answers to those questions. If you have any additional questions, please call your local Social Security office for assistance.

What Are The Special Rules About?

They are about going to work. The special rules mean that you can earn a certain amount of money and still receive your SSI payments and Medicaid coverage.

How Much Can I Earn?

This amount is different for everyone. But generally, as the money you earn goes up, the amount of your SSI payment will go down. You may earn enough from your work to cause your SSI checks to stop. By then your total income from working will be higher than if you were only receiving SSI.

What About Medicaid? Will It Stop Too?

That depends on how much you earn. But generally, your Medicaid coverage will continue while you are working. You may want to check with your local Social Security office to find out how much you can earn and still qualify for Medicaid.

See other side for important information ▶

Situation #6 (Back)

GET IN TOUCH WITH SOCIAL SECURITY IF:

- You have any questions.
- You want more information about this case.

Call or write to our office if you have questions or need more information. If you like, come to our office and someone will help you. Please bring this notice with you if you come to a Social Security office.

Situation #6 (Page 2)

Date
Page 2 of 2

Recipient Name
XXX-XX-XXXX

What Happens If I Lose My Job, Or If I Start Earning Less?

Let us know right away. We can increase the amount of your SSI payments, or start your SSI and Medicaid again if they have stopped. You may not even have to file a new application.

Will You Still Consider Me To Be Disabled If I Go To Work?

Yes. The only time we would say you are no longer disabled is if your health has improved. The special rules allow us to disregard the fact that you are working when we look to see if you are still disabled.

What Should I Do If I Decide To Go To Work?

Again, let us know right away. We will need to make sure the special rules are applied in your case. Also, we will need to check to see if your health has improved.

Dorcas R. Hardy
Commissioner
of Social Security

2302.320 Sample Notices—1611(e)(1)(E) Extended Payment Provisions (Institutionalized Recipients)

Notice Number	*Manual or Automated*	*Form*	*Situation*
1	Manual	SSA-L8166	SSI payment due recipient in public institution, 1619(a) eligible in month of move
2	Manual	SSA-L8166	Same as Situation #1, shows language modified due to income
3	Manual	SSA-L8166	SSI payment due recipient in LA-D, 1619(a) eligible in month of move
4	Manual	SSA-L8151	Recipient in LA-D, 1619(b) eligible in month of move
5	Manual	SSA-L8155	Same as Situation #1, OSS payment terminates
6	Manual	SSA-L8155	Same as Situation #1, reduction in OSS payment
7	Manual	SSA-L8166	Same as Situation #3, OSS payment terminates
8	Manual	SSA-L8166	Same as Situation #3, shows language modified due to income
9	Manual	SSA-L8155	Recipient in public institution, SSI payment terminates in 3rd month
10	Manual	SSA-L8155	Recipient in LA-D, SSI payment is reduced in the 3rd month
11	Manual	SSA-L8151	Recipient in LA-D, SSI payment increases in the 3rd month
12	Manual	SSA-L8155	Sample notice of living arrangement change discovered 3 months later

Situation #1

An individual who moves into a public medical care institution is not normally eligible for Supplemental Security Income (SSI) payments if Medicaid is not paying over half of the cost of care. However, if the individual was eligible under 1619 for the month of the move, checks would continue at the same rate (subject to changes in income) for the first 2 full months at the new address.

(See Situation # 3 for public medical care institutions where Medicaid is paying over half of the cost of care.)

Sample Case:

In this example, an individual moves into a Veterans Administration hospital on August 21, 1987. This is a public medical care institution, so normally she would not be eligible for any SSI payments while living there. However, she was eligible under 1619 (a) for the month of August.

She will continue to receive checks for the first 2 full months she is in the hospital (September and October). The payment rate will be calculated as if she were still living alone in her apartment. Income for July and August will be used to calculate her payments for September and October, respectively.

(In most of these examples, the payment calculation is based on a retrospective monthly accounting cycle of 2 months. This means that the recipient's SSI payment is reduced by income received 2 months in the past.)

Situation #1

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 24, 1987

Social Security Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/Zip Code

We are writing to you because you moved into the Memorial Veterans Hospital on August 21, 1987. You will still receive Supplemental Security Income (SSI) checks for the first 2 full months you are there. For September you will receive $140.00 and for October you will receive $160.00.

This letter also explains why your move may affect your SSI checks in the future.

Why We Can Still Pay You

We usually cannot pay you any SSI while you live in a public institution such as Memorial Veterans Hospital. However, because you were working before you entered the hospital, we can pay you SSI checks for the first 2 full months you live there.

We can do this by using special rules which help people who work while they receive SSI. Because you qualify under these rules, you will receive a $140.00 SSI check in September, and a $160.00 check in October.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

- In July your earnings were $$$cc, and in August your earnings were $$$cc.

SEE NEXT PAGE

Enclosure

TURN THIS OVER IF YOU THINK WE ARE WRONG.►

Situation #1 (Back)

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want unless you do not agree with what we decided about your medical condition. Then, the only appeal you can have is a case review. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. **CASE REVIEW**

   You can give us more facts to add to your file. Then, we will decide your case again. You will not meet with the person who will decide your case. This is the only kind of appeal you can have if you do not agree with what we decided about your medical condition.

2. **INFORMAL CONFERENCE**

   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case. You can pick this kind of appeal unless you do not agree with what we decided about your medical condition.

REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure to tell us your name, Social Security number, and why you think we are wrong. Also tell us what kind of appeal you want—**CASE REVIEW OR INFORMAL CONFERENCE.** If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

You have other rights because you are eligible under the supplemental security income program. There are also some things you must do. The enclosed booklet tells you what you should know. Please read this booklet and keep it in case you have questions later.

Situation #1 (Page 2)

XXX-XX-XXXX DI

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. In your case, we used your income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in Memorial Veterans Hospital throughout the months of September and October, your SSI checks will stop beginning in November 1987. This will happen because the law does not allow us to pay you any further money while you live in such a public institution.

We will write to you again before we do anything to stop your checks.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #2

This example is only slightly different from Situation # 1. The facts are the same as in Situation # 1, except that the individual received the same amount of money in July and August 1987. Therefore the language in the first paragraph is modified to account for the fact that the two special checks will be issued in the same amount ($140.00).

Situation #2

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 24, 1987

Recipient Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

We are writing to you because you moved into the Memorial Veterans Hospital on August 21, 1987. You will still receive Supplemental Security Income (SSI) checks for the first 2 full months you are there. For September and October you will receive $140.00 per month.

This letter will also explain how your move may affect your SSI in the future.

Why We Can Still Pay You

We usually cannot pay you any SSI while you live in a public institution such as Memorial Veterans Hospital. However, because you were working before you entered the hospital, we can pay you SSI checks for the first 2 full months you live there. We can do this by using special rules to help people who work while they receive SSI. Because you qualify under these rules, you will receive checks for $140.00 for both September and October.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

- In July and August your earnings were $$$cc each month.

SEE NEXT PAGE

Enclosure

TURN THIS OVER IF YOU THINK WE ARE WRONG. ▶

Situation #2 (Back)

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want unless you do not agree with what we decided about your medical condition. Then, the only appeal you can have is a case review. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. **CASE REVIEW**

   You can give us more facts to add to your file. Then, we will decide your case again. You will not meet with the person who will decide your case. This is the only kind of appeal you can have if you do not agree with what we decided about your medical condition.

2. **INFORMAL CONFERENCE**

   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case. You can pick this kind of appeal unless you do not agree with what we decided about your medical condition.

REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure to tell us your name, Social Security number, and why you think we are wrong. Also tell us what kind of appeal you want—**CASE REVIEW OR INFORMAL CONFERENCE.** If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

You have other rights because you are eligible under the supplemental security income program. There are also some things you must do. The enclosed booklet tells you what you should know. Please read this booklet and keep it in case you have questions later.

Situation #2 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. In your case, we used your income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in Memorial Veterans Hospital throughout the months of September and October, your SSI checks will stop beginning in November 1987. This will happen because the law does not allow us to pay you any further money while you live in such a public institution.

We will write to you again before we do anything to stop your checks.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

SI 02302.320 (Cont.)

Situation #3

If an individual moves into a public or private medical care institution, and Medicaid pays for over half the cost of care, Supplemental Security Income (SSI) payment is limited to a maximum of $25.00 (plus, in some cases, an optional State supplement). However, if the individual was eligible under 1619 for the month of the move, the checks for the first 2 months would not be subject to the $25.00 payment limit.

Sample Case:

In this example, an individual moves into a nursing home on August 21, 1987. Medicaid pays for over half of her care, so she normally would only be eligible for $25.00 per month while living there. However, because she was eligible under 1619 (a) for August 1987, she will continue to receive her checks at the old rate for September and October.

The payment rate will be calculated using the full Federal benefit rate rather than the $25.00 limit. Income from July and August will be used to calculate her payments for September and October, respectively.

Situation #3

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 24, 1987

Social Security Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/Zip Code

We are writing to you because you moved into the Shady Lane Nursing Home on August 21, 1987. You will receive Supplemental Security Income (SSI) payments of $71.50 each month for September and October, the first 2 full months you are there.

This letter also explains how your move may affect your SSI in the future.

Why We Can Still Pay You

We usually cannot pay more than $25.00 in SSI money each month while you live in a medical care center such as the Shady Lane Nursing Home and while Medicaid pays for more than half of your expenses. However, because you were working before you entered the nursing home, we can pay you more than $25.00 for the first 2 full months you live there.

We can do this by using special rules which help people who work while they receive SSI. Because you qualify under these rules, you will receive checks for $71.50 for both September and October.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

- In July and August your earnings were $$$cc each month.

SEE NEXT PAGE

Enclosure

TURN THIS OVER IF YOU THINK WE ARE WRONG. ▶

SI 02302.320 (Cont.)

Situation #3 (Back)

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want unless you do not agree with what we decided about your medical condition. Then, the only appeal you can have is a case review. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. **CASE REVIEW**

   You can give us more facts to add to your file. Then, we will decide your case again. You will not meet with the person who will decide your case. This is the only kind of appeal you can have if you do not agree with what we decided about your medical condition.

2. **INFORMAL CONFERENCE**

   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case. You can pick this kind of appeal unless you do not agree with what we decided about your medical condition.

REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure to tell us your name, Social Security number, and why you think we are wrong. Also tell us what kind of appeal you want—**CASE REVIEW OR INFORMAL CONFERENCE.** If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

You have other rights because you are eligible under the supplemental security income program. There are also some things you must do. The enclosed booklet tells you what you should know. Please read this booklet and keep it in case you have questions later.

Situation #3 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. In your case, we used your income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in the Shady Lane Nursing Home throughout the months of September and October, we will have to lower your SSI check for November to no more than $25.00. This will happen because the law does not allow us to pay you more than $25.00 while you live in such a nursing home. If you have other income, you may receive less than this.

We will write to you again before we make any changes to your SSI check.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #4

Situation # 4:

The new legislation affects individuals who were eligible under 1619 (b) as well as 1619 (a) for the month of the move to the institution. Most of the language in the preceding samples can be used for 1619 (b) cases. However, certain modifications are necessary because these individuals were not receiving Supplemental Security Income (SSI) checks before they moved. In some cases, they may not have been receiving checks for several years.

Sample Case:

In this example, an individual moves into a nursing home on August 4, 1987. Medicaid pays for over half of her care, so she normally would only be eligible for $25.00 per month while living there. However, because she was eligible under 1619 (b) for August 1987, she will receive checks at the full rate for September and October.

Because she was not eligible for checks in July or August, her payment for September and October is based on her income for the month of September under the retrospective monthly accounting rules. Since she had no countable income in September, she will therefore receive checks at the full Federal benefit rate ($340.00) for the 2 months.

The field office will suppress the computer-generated notice, and issue a manual notice, which will explain that two checks will be issued in each of the months affected by the special rules. This is because the computer system recognizes that the individual is due $25.00 each month, and will send her a check in that amount. The field office will then pay the balance by issuing automated one-time payments.

Situation #4

Supplemental Security Income Notice of Change

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 7, 1987

Claim Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/ZIP Code

We have received information that affects your payments *(or those of the individual named above, on whose behalf you applied to receive payments)*. Based on this information, we are taking the following action:

We are writing to you because you moved into the Shady Lane Nursing Home on August 4, 1987. You will receive Supplemental Security Income (SSI) checks for the first 2 full months you are there. We will pay you $340.00 in SSI money for September and for October. We will send you two checks each month, one for $315.00 and one for $25.00.

This letter also explains how your move may affect your SSI in the future.

Why We Can Still Pay You

We usually cannot pay more than $25.00 in SSI money each month while you live in a medical care center such as the Shady Lane Nursing Home, and while Medicaid pays for more than half of your expenses. However, because you were working before you entered the nursing home, we can pay you more than $25.00 for the first 2 full months you live there.

We can do this by using special rules which help people who work while they receive SSI. Because you qualify under these rules, we will send you $340.00 for both September and October.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

Enclosure:

SEE NEXT PAGE

TURN THIS OVER IF YOU THINK WE ARE WRONG ▶

Situation #4 (Back)

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want unless you do not agree with what we decided about your medical condition. Then, the only appeal you can have is a case review. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. CASE REVIEW
   You can give us more facts to add to your file. Then, we will decide your case again. you will not meet with the person who will decide your case. This is the only kind of appeal you can have if you do not agree with what we decided about your medical condition.

2. INFORMAL CONFERENCE
   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case. you can pick this kind of appeal unless you do not agree with what we decided about your medical condition.

REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure to tell us your name, social security number, and why you think we are wrong. Also tell us what kind of appeal you want—CASE REVIEW OR INFORMAL CONFERENCE. If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

You have other rights because you are eligible under the supplemental security income program. There are also some things you must do. The enclosed booklet tells you what you should know. Please read this booklet and keep it in case you have questions later.

Situation #4 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

- You have no income for September and October other than your SSI checks of $340.00.

Things To Remember

If you continue to live in the Shady Lane Nursing Home throughout the months of September and October, we will have to lower your SSI check for November to no more than $25.00. This will happen because the law does not allow us to pay you more than $25.00 while you live in such a nursing home. If you have other income, you may receive less than this.

We will write to you again before we make any changes to your SSI check.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #5

Situation # 5:

As explained under Situation #1, when an individual moves into a public medical care institution, payment can continue for 2 months. However, the State where the individual lives may choose not to make optional supplemental payments under the new provision. If so, the supplemental payment is stopped even though Federal payment will continue for 2 months.

Sample Case:

In this example, an individual moved into a Veterans Administration hospital on August 4, 1987. This is a public medical care institution, and Medicaid is not paying for over half of the cost of care. Therefore, her checks would normally be stopped effective September 1987 (the first full month at the new address). However, since she was eligible under 1619 (a) for August 1987, her payments for September and October will still be computed using the full Federal benefit rate.

The individual was also receiving an optional State supplemental payment. Since she lives in a State which chooses not to supplement recipients who live in an institution under the new provision, the supplemental payment is stopped for September and October even though Federal payment continues. Therefore the notice must explain why payment can continue and why it will be decreased.

Situation #5

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 7, 1987

Recipient Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are reducing your Supplemental Security Income (SSI) check from $148.91 to $88.00 starting in September 1987. We plan to reduce the amount of your check because you moved into the Memorial Veterans Hospital on August 4, 1984.

Why Your Payments Changed

We usually cannot make any SSI payments while you live in a public institution such as the Memorial Veterans Hospital. However, because you were working before you entered the hospital, we can pay you for the first 2 full months you live there.

We can do this by using special rules which help people who work while they receive SSI. Because you qualify under these rules, you will receive $88.00 for both September and October.

You will receive less money than we paid you before you entered the hospital, because you cannot receive money from your State while you are in the hospital. Since your old SSI payment included $60.91 that came from your State, your check has been reduced by that amount. As a result, your next SSI check will be for $88.00.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Form SSA-L8155-U2 (2-82)
Destroy prior editions

Situation #5 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #5 (Page 2)

XXX-XX-XXXX D1

- You are living in the State of (State Name).

- In July and August your earnings were $$$cc each month.

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. In your case, we used your income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in Memorial Veterans Hospital throughout the months of September and October, we will have to stop your SSI checks beginning in November 1987. This will happen because the law does not allow us to pay you any further money while you live in such a public institution.

We will write to you again before we do anything to stop your checks.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #6

Situation # 6:

This example is only slightly different from Situation # 5. The facts are the same as in Situation # 5, except that the State is still making an optional supplement to the Federal payment, though at a reduced rate. Therefore, the language has to show that the State supplement is being reduced (though not stopped altogether).

Situation #6

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 7, 1987

Recipient Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are reducing your Supplemental Security Income (SSI) check from $148.91 to $128.91 starting in September 1987. We plan to reduce the amount of your check because you moved into the Memorial Veterans Hospital on August 4, 1987.

Why Your Payments Changed

We usually cannot make any SSI payments while you live in a public institution such as the Memorial Veterans Hospital. However, because you were working before you entered the hospital, we can pay you for the first 2 full months you live there. We can do this by using special rules which help people who work while they receive SSI.

You will receive less money than you did before you entered the hospital, because you are due less money from your State. The SSI money that you receive from (State Name) is being reduced from $60.91 to $40.91. As a result, your next SSI check will be for $128.91.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #6 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #6 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

- You are living in the State of (State Name).
- In July and August your earnings were $$$cc each month.

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. For example, we used your income from July to figure your payment for September, and your income from August to figure your payment for September.

Things To Remember

If you continue to live in Memorial Veterans Hospital throughout the months of September and October, we will have to stop your SSI checks beginning in November 1987. This will happen because the law does not allow us to pay you any further money while you live in such a public institution.

We will write to you again before we do anything to stop your checks.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #7

Situation # 7:

As explained under Situation # 3, when an individual moves into a medical care institution, and Medicaid is paying for over half of th cost of care, payment can continue at the old Federal rate for the first 2 months at the new address. However, the State where the individual lives may choose not to make optional supplemental payments under the new provision. If so, the supplemental payment is stopped even though Federal payment continues at the old rate.

Sample Case:

In this example, an individual moved into a nursing home on August 4, 1987. Medicaid paid for over half of her care, so her checks normally would be reduced to $25.00 in September. However, because she was eligible under 1619 (a) during August, her payments for September and October will be computed using the full Federal rate.

However, her State has chosen not to supplement institutionalized recipients under the new provision (and does not supplement the $25.00 rate). Therefore the notice explains that the Federal rate continues for 2 months, but the checks will be reduced because there will be no optional State supplementation.

best copy available

Situation #7

Supplemental Security Income Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 7, 1987

Beneficiary Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are reducing your Supplemental Security Income (SSI) check from $150.91 to $90.00 starting in September 1987. We plan to reduce the amount of your check because you moved into the Shady Lane Nursing Home on August 24, 1987.

Why Your Payment Changed

We usually cannot pay more than $25.00 each month while you live in a medical care center such as the Shady Lane Nursing Home and while Medicaid pays for more than half of your expenses. However, because you were working before you entered the nursing home, we can pay you the higher amount of $90.00 for the first 2 full months you live there. We can do this by using special rules which help people who work while they receive SSI.

You will receive less money than you did before you entered the Shady Lane Nursing Home, because you cannot receive money from your State while you are in the nursing home. Since your old SSI payment amount included $60.91 that came from your State, your check has been reduced by this amount. As a result, your next SSI check will be for $90.00.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please call us.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #7 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #7 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

- You live in the State of (State Name).
- In July and August your earnings were $$$cc each month.

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. In your case, we used income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in the Shady Lane Nursing Home throughout the months of September and October, we will have to reduce your check again. This will happen because the law does not allow us to pay you more than $25.00 while you live in such a nursing home.

We will write to you again before we do anything to reduce your check.

If You Have Any Questions

If you have any questions you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #8

For this example, the basic facts are similar to Situation # 7. The individual moved into a nursing home on August 4, 1987, and is eligible under the special rules for September and October. The State supplement is stopping. The difference is that the amount of the wages for August was less than for July. The effect is that the September payment (based on the July income) will be less than the August payment, and the October payment will be greater than the September payment.

This example also illustrates how the notice must account for the way in which the computer system processes these cases. It is possible that for one of the months affected by the new rules the individual can get one check, and then for the second month she can get two checks.

In this situation, the system computed that the individual was due no money for September because of her July income. However, the field office recognized that under the special rules she was due $19.00. The office therefore suppressed the notice generated by the computer system, and issued an automated one-time payment of $19.00 for September.

Because the individual's wages were lower in August, she was due more money for October. Because the system will compute that she is due $25.00 in October, it will send her a check for $25.00 on October 1. However, the field office recognizes that the actual payment due for October under the special rules will be $66.00. The office will therefore issue a second automated one-time payment of $41.00 in October.

This notice therefore must contain all of the following information:

- An explanation of the special rules.
- An explanation of why payment is reduced (because of the termination of the State supplement).
- The effect on SSI payments of the earnings for July and August.
- The fact that payment for October will be made in two checks instead of one.

Situation #8

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: August 7, 1987

Beneficiary Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are reducing your Supplemental Security Income (SSI) from $150.91 to $19.00 in September 1987. We plan to reduce the amount of your check because you moved into the Shady Lane Nursing Home on August 4, 1987. We will increase your check to $66.00 in October. We will send you two checks for October, one for $25.00 and one for $41.00.

Why Your Payment Changed

We usually cannot pay more than $25.00 each month while you live in a medical care center such as the Shady Lane Nursing Home and while Medicaid pays for more than half of your expenses. And because of money you made while you were working, we normally could not pay you any money for the month of September.

However, because you were working before you entered the nursing home, we can pay you some money for September and October. We can do this by using special rules which help people who work while they receive SSI. Because you qualify under these rules, we will send you a check for $19.00 in September, and two checks for a total of $66.00 in October.

We will be paying you less money than we did before you entered the Shady Lane Nursing Home, because you cannot receive money from your State while you are in the nursing home. Since your old SSI payment amount included $60.91 from your State, your check has been reduced by this amount. As a result of this change, and because of the money you made while you were working, your next SSI check will be for $19.00.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #8 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #8 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for September and October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

- You live in the State of (State Name).
- In July your earnings were $$$cc and in August your earnings were $$$cc.

We use the amount of your income from 2 months earlier when we figure your SSI payment for a given month. For example, we used your income from July to figure your payment for September, and your income from August to figure your payment for October.

Things To Remember

If you continue to live in the Shady Lane Nursing Home throughout the months of September and October, we will have to reduce your check again. This will happen because the law does not allow us to pay you any more than $25.00 while you live in such a nursing home.

We will write to you again before we do anything to reduce your check.

If You Have Any Questions

If you have any questions you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #9

Situation # 9:

After an individual moves to a public medical care institution, and receives payment at the old rate for 2 months because of 1619, payment will stop in the third full month at the new address. A Notice of Planned Action will explain this determination.

In this example, a recipient moved into a Veterans Administration hospital on July 15, 1987. After she received checks for August and September under the new provision, payment was stopped in October. The notice explains why the checks are being stopped and why they were not stopped at an earlier date.

Situation #9

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

PO Address
Telephone Number

Date: September 7, 1987

Recipient Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX DI

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we plan to stop your Supplemental Security Income (SSI) in October 1987. We plan to stop your checks because you can no longer receive SSI while you live in the Memorial Veterans Hospital. Your last SSI check will be the one you received on September 1, 1987.

Why We Are Stopping Your Check

As we told you in an earlier letter, we have paid you while you live in Memorial Veterans Hospital under special SSI rules. These special rules apply only for the first 2 full months you live there.

Regular SSI rules now apply. Under the regular SSI rules we cannot pay people who live in a public institution for an entire month. This means we have to stop your SSI checks. There are two reasons for this.

- You are living in Memorial Veterans Hospital, which is a public institution.

AND

- Medicaid pays for half or less than half of the cost of your care.

Things To Remember

In the future you may qualify again for SSI payments. If you think you meet the rules for receiving SSI checks again, please contact us right away. This is important, because if we can start your SSI checks by September 1988, you will not have to file a new claim.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #9 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #9 (Page 2)

XXX-XX-XXXX DI Page 2 of 2

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #10

After an individual moves to a medical care facility, and receives payment at the old rate for 2 full months because of 1619, payment will be reduced in the third month if Medicaid still pays for over half the cost of care. A Notice of Planned Action will explain this determination.

In this example, a recipient moved into a nursing home on July 15, 1987. After she received checks for August and September under the new provision, payment was reduced to $25.00 in October. The notice explains why the checks are being reduced, and why they were not reduced at an earlier date.

Situation #10

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: September 7, 1987

Social Security Number:
XXX-XX-XXXX DI

Recipient Name
Street Address
City/State/Zip Code

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are reducing your Supplemental Security Income (SSI) from $90.00 to $25.00 starting in October 1987. We plan to reduce your check because you are still living in the Shady Lane Nursing Home.

Why Your Payments Changed

As we told you in an earlier letter, for 2 months we have paid you a higher amount of SSI under special SSI rules. But these special rules can apply only for the first 2 full months you live there.

The regular SSI rules now apply to you. Under the regular SSI rules we can only pay people up to $25.00 if they live in a medical care facility and Medicaid pays more than half the cost of their care. This means we have to reduce your SSI checks to $25.00 starting in October. There are two reasons for this.

- First, you are living in a medical care facility.

AND

- Second, Medicaid pays for more than half the cost of your care.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #10 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #10 (Page 2)

XXX-XX-XXXX DI Page 2 of 2

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #11

The preceding situation explained how an individual's checks could be reduced in the third full month of living in a nursing home where Medicaid provides over half of the care. However, in some situations a recipient's payment might increase rather than decrease in the third month.

An increase is possible because of the accounting cycle used in Supplemental Security Income (SSI) to determine a recipient's benefit. This cycle is known as retrospective monthly accounting, or RMA. Under RMA, current benefits are based on the income received 2 months in the past. Thus, for the first 2 months of residence in the institution, the recipient's SSI payment was being reduced by income earned 2 months in the past (e.g., August's SSI was based on June's income, etc.).

With the third month of residence in the institution, income received prior to the change of address no longer counts against the SSI check. If the recipient receives no income while in the institution, the full benefit (usually $25.00) is payable in the third month.

The advantage offered by the new 1619 rule is that some benefit, even if less than $25.00, may be payable for the first 2 months of residence in the institution. Under old rules, the results of RMA frequently meant that no benefit could be paid for these months, even though the recipient's earnings stopped upon entering the institution.

Sample Case:

An individual was working in July 1987, and eligible under 1619 (a). She entered a nursing home on July 15, and stopped work. Under RMA, her earnings for June and July were used to compute her payments for August and September, respectively. Because of the earnings, she would normally have been due no checks for August and September while in the nursing home living arrangement. However, because of the special rules we were able to pay her $11.50.

Since she had no income in August, no deduction due to income was made from the October check. Therefore, the individual is due the full $25.00 for October. Since this check is larger than the $11.50 per month she got for August and September the notice must explain the increase.

Situation #11

Supplemental Security Income Notice of Change

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: September 9, 1987

Recipient Name
Street Address
City/State/Zip Code

Claim Number:
XXX-XX-XXXX DI

We have received information that affects your payments *(or those of the individual named above, on whose behalf you applied to receive payments)*. Based on this information, we are taking the following action:

Starting in October 1987, we will increase your Supplemental Security Income (SSI) check from $11.50 to $25.00. Your check is being increased because you no longer have other income that counts against your SSI. The rest of this letter will tell you more about this.

Information About Your Payment

- Your regular monthly check of $25.00 will be sent to you about the first day of October 1987.
- This is the first check you will receive that is at your newly increased rate.

Your Payment Is Based On These Facts

We used the following facts to figure the amount of your SSI for October. Please check these facts carefully to make sure that they are right. If we have the facts right, then your checks will be in the right amount. If there is a mistake, please contact us.

- Your earnings stopped in July 1987.
- You are living in the Shady Lane Nursing Home.
- Medicaid pays for more than half the cost of your care.

SEE NEXT PAGE

Enclosure:

TURN THIS OVER IF YOU THINK WE ARE WRONG ▶

Situation #11 (Back)

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want unless you do not agree with what we decided about your medical condition. Then, the only appeal you can have is a case review. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. CASE REVIEW
   You can give us more facts to add to your file. Then, we will decide your case again. you will not meet with the person who will decide your case. This is the only kind of appeal you can have if you do not agree with what we decided about your medical condition.

2. INFORMAL CONFERENCE
   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case. you can pick this kind of appeal unless you do not agree with what we decided about your medical condition.

REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure to tell us your name, social security number, and why you think we are wrong. Also tell us what kind of appeal you want—CASE REVIEW OR INFORMAL CONFERENCE. If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

You have other rights because you are eligible under the supplemental security income program. There are also some things you must do. The enclosed booklet tells you what you should know. Please read this booklet and keep it in case you have questions later.

Situation #11 (Page 2)

XXX-XX-XXXX DI Page 2 of 2

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

Situation #12

This situation provides an illustration of how a notice would look when information about an individual's living arrangement is discovered after the fact. The language must be modified to show that the new rules under 1619 were applicable in the past, but not any longer.

Sample Case:

In this example, an individual moved to the Veterans Memorial Hospital on July 23, 1987. Because she was eligible under 1619 in July, she was due checks for August and September. Payment should have stopped in October.

The field office was not notified of the change of address when it occurred. On November 1, the hospital told the office about the change. On November 2, a notice was prepared to explain how the change affected payment.

The checks issued for August and September were correct because under the special rules the change of address did not affect payment. However, the October and November checks constituted an overpayment. A more detailed explanation of the overpayment would be provided in a separate notice. Finally, no payment will be issued in December because the individual still lives in the hospital.

Situation #12

Supplemental Security Income
Notice of Planned Action

From: Department of Health and Human Services
Social Security Administration

FO Address
Telephone Number

Date: November 2, 1987

Recipient Name
Street Address
City/State/Zip Code

Social Security Number:
XXX-XX-XXXX D1

Your payments (or those of the individual named above) will be changed as follows:

We are writing to tell you that we are stopping your Supplemental Security Income (SSI) checks in December 1987. In addition, you were not due the SSI checks you received for $295.00 in October and November. We will send you another letter about the money you were not due.

We plan to stop your checks because you can no longer receive SSI money while you live in Memorial Veterans Hospital.

Why Your Payments Changed

Usually we cannot pay you any SSI while you live in a medical facility such as Memorial Veterans Hospital. However, because you were working before you entered the hospital, you were due checks for the first 2 full months you were there. These checks were due under special rules which help people who work while they receive SSI. You qualified under these special rules because you were working in July 1987.

Beginning in October, however, the regular SSI rules applied to you. Under these rules, we cannot pay people who live in a public institution for an entire month. This means we have to stop your checks. There are two reasons for this.

- First, you are living in Memorial Veterans Hospital, which is a public institution.

AND

- Second, Medicaid pays for half or less than half of the cost of your care.

SEE NEXT PAGE

We won't change your check if you *appeal within 10 days* after getting this notice.

TURN THIS OVER if you think we're wrong ▶

Situation #12 (Back)

YOUR RIGHT TO APPEAL

Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

You have **60 DAYS TO APPEAL** after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

We won't change your check if you appeal **within 10 days** after getting this notice. You'll keep getting your same check until we decide your appeal. If you lose your appeal, you *might* have to pay some or all of this money back.

HOW TO APPEAL

There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. **CASE REVIEW:**

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

2. **INFORMAL CONFERENCE:**

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

3. **FORMAL CONFERENCE:**

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, **YOU PICK THE KIND OF APPEAL YOU WANT.** We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups.

Situation #12 (Page 2)

XXX-XX-XXXX D1 Page 2 of 2

As a result, September was the last month we could pay you any SSI. We will be in touch with you later about the payments we sent you for October and November.

Things To Remember

In the future you may qualify again for SSI payments. If you think you meet the rules for receiving SSI checks again, please contact us right away. This is important, because if we can start your SSI checks by November 1988, you will not have to file a new claim.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Manager's Name
Title

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